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FOURTH ANNUAL CONVENTION OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

Friday, July 10th, 1914, 10 a.m.

The Invocation was given by Rev. Dean Llwyd, as follows:

Almighty and everlasting God, this assembly, from all parts and corners of our Dominion, can have nothing of lasting value without All our wisdom is but a ray of Thy marvelous mind. All our science is but an effort to read the enigmas laid before us in nature and mankind by Thy great and noble soul.

Almighty God, send down upon this gathering of those who have placed their lives upon the altar of silence and human need, Thy richest and most blessed Spirit. Guide them in their deliberations, enrich the scope of their activities, deepen their sympathy, and give a more profound understanding of the need of mankind. Give to each one who is here the power to enter into the meaning of these deliberations. Bestow the larger vision. May the nursing profession in this Dominion be not merely an occupation, but a great and large and noble vocation to which women dedicate themselves and their energy for the good of man, and for the upbuild of character, as well as physical perfection. Grant this for Jesus Christ's sake. Amen.

Mayor Bligh was introduced by the President and welcomed the delegates:

Madam President and members of The Canadian National Association of Trained Nurses:

I expect by this time you must be pretty well tired of receiving addresses of welcome; you have had three or four so far, as I have read in the public press, and I have been a little bit confused, as I explained to your president, to understand exactly the situation in reference to the organizations that have been meeting here. I thought there was but the one, and at the Public Gardens Concert the other evening, which I attended to see how matters were getting along as Mayor of the city, I wondered if I had made a mistake and should have been here to welcome you earlier to the city.

I can assure you it was not from any desire I should have not to be the very first to welcome you, and I understand I am welcoming

the larger body. The meeting held has been in reference to the superintendents. This I only learned this morning. I have read of Miss MacKenzie and Miss Randal and our friend from Halifax, Miss Kirke, but I think I have them all in order now.

However, with this explanation, allow me, on behalf of the City of Halifax, for the time being its chief magistrate, on behalf of the controllers, and on behalf of the citizens generally, to give you a very hearty welcome to this old City by the Sea. Halifax, I think, may be well called the Convention City. It seems to be a favorite place for conventions, and I trust that your Association will find from your sojourn amongst us on this occasion that you would like to come back again. We will endeavor, if possible, to give you a little better weather. This is not the average Halifax weather, and I have promised your President, when the Board of Control meets this morning at 11.30, to have a resolution passed for pleasant weather to-morrow, and I think that you can rely upon it that that resolution will be unanimously carried, and at least its spirit carried out as much as most of the resolutions of this city.

Halifax, I think, is somewhat well and favorably known throughout this wide Dominion of ours, as a city of hospitals and also of hospitality. We boast of our hospitality, I don't think too much, and I trust that you will not find that we are mistaken in that regard. I was pleased to note that here, way down by the eastern extremity of Nova Scotia, at your meeting of the Superintendents of Nurses, that a lady from the extreme other end of the Dominion was elected President of your very important organization, reminding me of the fact that, in this matter at all events, we have a bit of reciprocity, as I had the honor, about a year ago, when attending the Union of Canadian Municipalities at Saskatoon, of being elected president of the Union of Mayors of the Dominion of Canada. And I find, there as here, that Nova Scotians, British Columbians, and Manitobans, are all working together for the upbuild and improvement of our great Dominion, and that our Dominion, after all, although very broad, yet like the world, gets smaller every day. Practically from the capital city of the Eastern Province to the capital city of the Western Province the first man I met was the Mayor of Victoria, a man who was born in Nova Scotia—Mr. Beckwith.

By the way, I may say as far as my reading has extended in reference to the nursing profession, that there is no body of the young womanhood of any country in the world that makes more competent, skilled and reliable nurses than our young women from this fair Dominion, and I think we can point to many of the larger and more important hospitals of the United States whose Superintendents come

Officers and Delegates to the Convention of The Canadian National Association of Trained Nurses, Halifax, July, 1914.

from this Dominion. I know of one or two in which the majority of the nurses are natives of Canada.

I hope you will find the city of Halifax a pleasant place for a temporary sojourn, and I would like to see a great many of you make your permanent home here, and I have no doubt there may be such result from your visit here. I hope so.

A friend of mine once said that we must beware of the two classes of young women, one the nurse and the other the school teacher, and I said "Why so?" "Well," he said, "the nurses are apt to be rather hardened and callous and that sort of thing." I took strong objection to that, as I thought that they had the very best characteristics of womanhood, and that they had the most tender feeling. I asked him what was his objection to the school teacher, and he said that they bossed the school and might try to boss everything in general. I did not agree with that at all, and I believe the view of mankind is that the nurses are almost our very best, if not the very best of our young women.

I have taken up more time than I should. I have two or three meetings yet to attend. I can only assure you it has given me great pleasure to be here, and I extend to you absolutely without any fear of trouble the utmost freedom of the city. Some organizations come here a little bit dangerous and interfere with the ordinary routine business, especially when the meetings are over in the evenings, but here, even supposing there should be a few suffragettes amongst the nurses, at all events they would be toned down by their profession, and I know it would be safe, and I have instructed the Chief of Police to give you the utmost freedom.

Again let me welcome you most heartily to the City of Halifax and to close my remarks with one verse of poetry. I am a very prosaic individual, having very little sentiment about me, but I thought upon this particular occasion it was a place for just a little bit of sentiment, and I am expressing the sentiments I most heartily feel. I do not think the first two lines are applicable to the nurses, but the last two are particularly applicable to them. I refer to the "Ode to Women," by Lord Byron:

"Oh woman in her hour of ease,
Uncertain, coy and hard to please,
When pain and anguish wring the brow,
A ministering angel thou."

Response to Address of Welcome, by Miss Wright, of New Westminster:

Madam President, Ladies and Gentlemen: On behalf of the National Association of Trained Nurses, I wish to thank the City of Halifax for their very cordial welcome, and the hospitality which they have extended to us. Coming as I do from British Columbia, which is,

as you say, the farthest west, I appreciate very much the honor done me in asking me to give this important answer.

We are more than pleased with the city. Most of us have come to it for the first time, and are very much pleased perhaps with the oldness and ancientness of your city. With us everything is new, just in its beginning; with you, we see a great deal we have never seen before.

I had a great deal of pleasure the other day, being asked by your school nurse, who, in your progressiveness, you have appointed in your schools, to go with her to see some of her work, and I was very much interested. While I have nothing like that in my city, I appreciate the difficulties your are laboring under here with your poorer classes, and I think with your school nurse you will have a very great deal of assistance.

We are very happy to be with you, and I want to thank you for your defence of us when we were thought hard-hearted. I wish to thank you.

PRESIDENT'S ADDRESS.

Ladies:

In my message to you this year, I believe it is safe to say that there has been a very marked increase in activity in the nursing organizations throughout the Dominion since we convened over twelve months ago.

In the very excellent programme, prepared under the convenership of Mrs. Paffard, you will find, as it unfolds, echoes of many things accomplished in the associations affiliated with this society. The progress of registration will be told, and I am glad to say most of that registration news will be given to us directly by the representatives from the various provinces. The convener of the Public Health Committee will report, and I am sure will have interesting facts to relate.

The special committees on nurse training and the organ of the nursing profession have matter needing most careful thought on your part, and before we close our meetings we must decide what part our National Association will play in the meetings of the International Council of Nurses, in San Francisco, in 1915, and settle on our line of action in raising Canada's contribution to the Florence Nightingale Memorial Fund.

Last year I was privileged in presiding at the meetings of this association, and I urged on the members the great necessity for nurses speaking for themselves. This year, with added emphasis, I wish to urge it again. Nurses must identify themselves with the great movements of the day, they must co-operate with the workers in all lines of social betterment, would they fulfil their splendid destiny. The possibilities for usefulness for the trained nurse to-day are wonderful, and

almost every day new vistas open of splendid fields for service lying ready to be tilled by the trained nurse.

To-day, I wish each one of you to ask herself with great earnestness: Are we, as trained nurses, doing the best that can be done? Is the profession of nursing as splendid a calling as it was intended it should be? Are we alive to those possibilities, and are we ready to supply competent workers for all those lines of activity where nurses are needed? And the burden of my message to you to-day is to point out that we fall short, and why do we do so?

Two facts stand out—we have not the material to train for those important positions, and we have not that material, because we have not insisted on a proper educative course for our women. We have gone on in a more or less blind way, and as one in a deep forest at first finds the darkness impenetrable, but gradually grows accustomed to it, and can see passably well, nurses have been struggling on, and have grown accustomed to the lack of the educative light, but now bright light breaks in, and we know that the old order is wrong, not only to the women students, but wrong to the sick and wrong to the nation, for we, as representatives of the profession, have not prepared women for the many posts in the broad preventive campaign, which is of infinitely more importance than the curative.

Forget the past mistakes and start a system of nurse education on proper educative lines, establish schools, the "raison d'etre" of which will be the education of the nurse in all branches of nursing. Let us have our institutions for the care of the sick managed by experts trained for that work. Let us have the teachers of our nurses trained in the teaching of nurses, and let us desist from compelling nurse-students to cut themselves off from all of the ordinary means of culture while they are training. This will cost more money, and it is time it did, but in the end it will be more economical, because it will make for more efficient service and better satisfied workers.

Here it will be seen how one reform leads to another. Let us urge on everyone the necessity for evolving another system for the financing of our hospitals. Fancy, in this century, in this enlightened age, tag days and similar abominations! What we need are hospitals, financed by the municipality, but managed by an elected Board of Trustees. Then the institutions would be on a dignified basis, the managers would know what they could draw on, and there would be some hope of scientific management.

Those facts, you as nurses know, and you know them better than any other class of workers, and you are the ones by whom light must be carried in to all parts of the populace.

Have vision, have faith in that vision, and others will see and believe. Never before were we so much in need of high ideals, never before was there so pressing a call for well-trained, well-poised work-

ers in the field of nursing. What shall we do with that need? What with that call? From you must come the answer, followed by action.

Enough! I leave it with you.

July 10, 1914. MARY ARD. MACKENZIE.

President: I will now call on Miss DesBrisay, Secretary, to give the report of the Executive Committee.

SECRETARY'S REPORT.

July 10th, 1914.

Since the first Council Meeting which immediately followed the Annual Meeting in Berlin last year, there have been several changes in the different committees.

Some of those appointed at that meeting as conveners of the respective committees did not consider it possible to act, and other names had to be suggested. In many cases these also had to refuse, and it was only in the Council Meeting held in Toronto in December that some of the committees were finally arranged. Consequently, they have had to work doubly hard in order to get things into shape for the Annual Meeting.

There has been little to record outside the Council Meetings.

In May a telegram was sent to the Saskatchewan Graduate Nurses' Association welcoming them into affiliation.

In June, 1913, Miss Flaws applied, and in March last the Graduate Nurses' Association of British Columbia made application for membership. Both were gladly welcomed into affiliation with the Canadian National.

Respectfully submitted,

HELEN A. DESBRISAY.

President: Any notes on these minutes, if not we will have the report of the Treasurer. Mrs. Fournier is unable to be present, but has sent her report with a letter which I will ask the Secretary to read.

REPORT OF TREASURER—YEAR ENDING MAY 1st, 1914.

Receipts.

Cash on hand May 1st, 1913	$174.66	
Arrears received from Affiliated Associations	21.60	
Fees for 1913-14 received from Affiliated Ass'ns	131.15	
Fees for 1913-14 received from charter members	14.00	
Interest on money deposited	1.90	
		$343.31

Expenditures.

Expenses for stenographer at 1913 convention	$ 20.60
Stationery	15.25
Binding, etc., one vol. The Canadian Nurse	2.11

Printing reports of third convention		146.12	
Collections on cheques		.65	
Expenses of Executive Committee:			
President			
Secretary			
Treasurer—Postage and express	$2.50		
C.N.A. subscription to The Canadian Nurse, paid by personal cheque	1.00		
		3.50	
Programmes, etc.		188.23	
To balance on hand May, 1914		155.08	
			$343.31

Respectfully submitted,

E. G. FOURNIER,

Treasurer.

Miss Wright: I move, if the meeting can take no action on this matter, it be left over with the recommendation to the New Executive, that they deal with it as soon as the books have been audited.

Above motion was carried.

Miss Crosby: As convener of the Eligibility Committee, I thought that application was to be presented at this meeting, and I see it has been dealt with before. I do not quite understand.

President: The reason for that was that there was a delay in the transmission of the application, and as the British Columbia Association aimed to have it in at our last annual meeting, and there was some unavoidable delay about it, the executive decided to deal with it at our last meeting, and to welcome the B. C. Graduate Nurses' Association, and that will be ratified at this meeting when you present your report.

President: What action should we take with the Secretary's report?

Miss Madden moved its adoption.

President: We will now have reports of committees. There are a number of standing committees to report and a number of special committees. Committee on Arrangements, Miss Pemberton is convener.

Miss Pemberton replied that there was nothing special to report.

Standing Committee on Publications, the Secretary.

Report of Eligibility Committee, by Miss Crosby.

Your committee recommends that the following associations be received into affiliation: The Graduate Nurses' Association of British Columbia, the Graduate Nurses' Association of New Brunswick, and the Graduate Nurses' Association of the Eastern Townships, Sherbrooke, Que.

The Graduate Nurses' Association of Newfoundland applied for affiliation, but the exceutive debarred that application because Newfoundland is not a part of Canada.

Your committee would direct the attention of all associations to the need of being explicit when framing the eligibility clause. One constitution submitted read: "Graduates of hospitals in good standing were eligible." What is meant by hospitals in good standing?

Respectfully submitted,

BELLA CROSBY, Convener.

Moved by Miss Crosby, and seconded by Miss Kirke, that the report be adopted.

Standing Committee on Programme.

Miss Dyke: Mrs. Paffard, who is convener of that Committee, thought the programme would speak for itself.

Miss Wright: I would like to say that I think the Programme Committee have done very wonderful work and have gone to a great deal of trouble. The convener has my sympathy.

Miss Crosby moved that a letter of thanks be sent to Mrs. Paffard for the excellent programme prepared by that committee. Seconded by Miss Mathieson. Carried.

President: It has been customary the last few years to appoint a Committee on Resolutions, and the Executive has decided to ask Miss Mathieson to act as convener.

Miss Mathieson: I would rather you would appoint somebody else.

President: We will have to have someone else nominated for convener. The work of that committee is merely for this meeting to prepare any resolutions of thanks for the annual convention and to draw any special resolutions anyone wants drawn up as the sessions go on.

Miss Dyke: I would like to nominate Miss Cotter as convener.

President: Next we have Special Committees. The first one is the Special Committee of The Canadian Nurse. Last year, after the report of the Publications Committee was given there was a suggestion made that steps be taken to see what could be done in bringing the national nursing magazine under the direct control of the Canadian National Association of Trained Nurses. Miss Scott later accepted the convenership of that committee, and was supposed to get all the information. I think she has sent it in. She is unavoidably absent from this convention, but she has sent in the correspondence. I would ask the Secretary now to read that correspondence with a view to seeing what we will do with that motion.

President: It is now in form to report that The Canadian Nurse may be taken over by the National Association on those terms.

Miss Gunn: How do you propose to meet the financial difficulty of The Canadian Nurse?

Miss Wright: Do you think it would be possible to get the affiliated societies sufficiently interested to float stock and make a purchase with the proviso that they are not to sell it. During the time they hold the stock it would be theirs, but if the Canadian National were in a position to buy the stock they would sell it without interest on the money invested. There are twenty-nine affiliated societies, and at $100.00 each would cover the initial cost, and then individual nurses could take out stock if they wished. My idea would be to get it on as firm a financial basis as possible, because, certainly, the financial business of The Canadian Nurse has been handicapped.

We all know that as individual nurses we have not done what we should to make The Canadian Nurse what it should be. At least in British Columbia we know we have not, and I expect the other provinces feel they have not given the required assistance to make it what we would like. We thought if that could be done the affiliated societies could help in this way.

Miss Gunn: I approve of Miss Wright's suggestion, and I think we ought to go further and have more stock taken out than is absolutely necessary. You cannot make bricks without straw, and you cannot have a good magazine without plenty of money. If we get that I don't think we will have any difficulty in getting a magazine everybody will want. It is entirely to our discredit that The Canadian Nurse is what it is. Miss Wright's suggestion is a very good one, and will convey no hardship to any organization.

President: Of course, that question of the stock could not be settled at a meeting like this, that is, it would have to go to the societies, and see just what they would do. How had we better go about this?

Miss Wright: Madam President, we cannot do anything at this meeting. There will have to be a committee formed which will communicate with every affiliated society and get their pledge.

President: How would you have it appointed, by the Association or by the Executive?

Miss Wright: By the Association. My idea would be to do it now.

President: Are all in favor of going ahead now and appointing a committee to work out a scheme to communicate with the various affiliated societies in order, as it were, to feel them with regard to what support they would give in connection with the stock scheme that has just been outlined by Miss Wright?

Miss Randal: Could we take that up at a later session? Could we think it over and decide who we would put on that committee?

Miss Randal moved that the appointing of a committee to arrange

for the transferring of The Canadian Nurse be deferred to a later session of this convention. Seconded by Miss Wright.

Miss Dyke: Could a committee be appointed by the chair now to meet at noon and draft recommendations that could be written and held as a basis for discussion?

Miss Wright: My idea was just to get a small committee now who would do something definite, not a permanent committee.

President: On that committee I would name: Miss Wright, Miss Browne, Miss Cotter, and Miss Madden.

Report of Federation, Amalgamation, or Affiliation.

REPORT OF THE COMMITTEE ON AFFILIATION.

Madam President:

Your committee has the honor of submitting the following report, feeling that all the members are convinced of the advisability of uniting all nursing societies in Canada under one general head, yet preserving their individuality and providing for the discussion of the various problems before that section of the nursing profession immediately interested in them, without losing sight of the interests of the whole, by this means doing away with the multiplicity of meetings that are such a tax on the busy nurse. We, therefore, recommend:

First: One National Society consisting of three sections, one for the superintendents of the training schools and teachers of nurses, one for the public health nurses, and one for the discussion of general nursing affairs. This National Society to retain its own name. Each of the affiliated societies or sections to elect its own officers and manage its own affairs. The presidents of the sections to automatically become members of the Board of Directors of the National Society, each section to elect one other member of that board, in this way securing adequate representation.

Second: That each of these sections of the National body be made up of local and provincial associations, with the same aims; that each city or county have its own charter, which would be an integral part of the Provincial Nurses' Association. The Provincial Society in the same way having membership in the National Society without any loss of independence.

Third: That all fees be paid into the treasury of the local society, which would pay sufficient per capita tax to adequately maintain the larger society, so that each nurse would have only one set of dues to pay. Individual members of the National Society to continue to pay the present rate.

Fourth: Among the objects of the National Society we find the following: "To encourage a spirit of sympathy with the nurses of

other countries, and to afford facilities for international hospitality." In promotion of these objects, your committee would suggest that an international delegate be elected, either by the councils of the various National nursing organizations, by the Board of Directors of this society, or by the vote of the entire body; that this delegate shall hold office from one meeting of the International Council to the next, and that she keep the society informed in regard to the nursing events all over the world by reporting at the meetings and sending news to "The Canadian Nurse."

Fifth: That a committee be appointed for the revision of the constitution and by-laws wherever necessary to put this plan into effect.

In closing, may I say that your committee presents this skeleton to you with great humility, realizing the vast importance of this matter, and trusting that you may clothe it with beauty and give it the power that a strongly organized society wields for the advance of our profession and the fulfilment of our ideals.

Respectfully submitted,

KATE MADDEN.

President: You have heard this report, what action do you want taken in regard to it?

Miss Wright moved the deferring of the adoption of this until we have heard from the Superintendents. Seconded by Miss Gunn.

Communication from the Superintendents' Society was then read by Miss Phillips.

President: What action do you want taken? The recommendation is that a full committee of six from the two societies be appointed, four appointed by the Canadian National, two from the superintendents, and the convener to be a member of the Canadian National, to work together and draw up a report. Two are to be those working in some branch of public health.

Miss Wright: I should suggest that the other two members of that be private nurses, because private nurses are so seldom represented at these meetings on account of their inability to be always present.

Miss Gunn: I think the only reason the superintendents limited it to three classes was because in Miss Madden's report she recommended the three sections for the society, and I think that the private nurses come under the Canadian National.

President: The logical thing would be to appoint representatives from the private nurses, because that is the section we are looking to in the future. How should that committee be appointed? Are you in favor of having that committee appointed as outlined by the super-

intendents, or would you like to have some other way of dealing with the matter?

We might, of course, defer this and take it up under new business if you would rather do that and put off the discussion of this, but I think it would really save time to do it now.

Miss Madden: Madam President, is Miss Phillips' resolution a motion?

President: It is merely a recommendation from the Superintendents' Society. We have to see if this society approves of the suggestion.

Miss Gunn: I think when the committee is appointed, Madam President, they should be given very detailed instructions as to what is expected of them.

Miss Crosby: Does that resolution not conflict with Miss Madden's recommendation, as, if I understand it correctly, Miss Madden in her report does not want any society to lose its identity? In this the Superintendents' Society loses its identity.

President: Nothing is recommended. We merely want to get the reports. What we have had were not enough to make us act definitely either on amalgamation, federation, or affiliation. It was merely that we wanted to work out the scheme, whether federation, amalgamation, or affiliation, and these two committees have been working, and they presented the report. It was felt in the Superintendents' Society when this first report was presented, that it would have to be dealt with again by a committee that was representative of the three large interests in the Canadian National—the superintendents, which mean the hospitals—the public health nurses, and the private nurses, so they decided to get closely together by having a committee of six appointed, and that committee will draw up the preliminary constitution, showing the relative positions of the three departments. You see, we have not done anything yet.

Miss Randal: I think, Miss Crosby, the reason we used the word amalgamation was because we thought we were already affiliated with the National.

President: Federation would really be the better word. We have not done anything yet, and we thought this would be a better way to deal with it, and get really down to the bottom of it. Is there any discussion on that, or will anyone make a motion that we act on the suggestion?

Miss Madden: My report was simply, as I said, a rough skeleton, which would perhaps force the issue. When the president of the Superintendents' Society wrote to me she spoke of amalgamation, and the president of the Canadian National spoke of affiliation. But I intended my report to be something that might force the issue. I am not anxious that that particular form should be carried out. This

thing was only tentative; it is still all in the air, and there might be a much better way of presenting it.

Miss Gunn: I think Miss Madden's report would be an excellent working basis for the new committee, and a great many of her recommendations would be adopted by that committee, and some others added. I don't think we should take action at this meeting.

President: Miss Cotter, what is your idea in regard to this matter?

Miss Cotter: I hardly know what to say. Like Miss Wright, I could not help but feel that perhaps a whole section should be given to the private nurse, and I think that Miss Madden has simply meant to have something done. I think some action should be taken, but I I really just cannot say what.

President: Do you think the suggestion of the Superintendents is a good one?

Miss Cotter: I would go further, and say a committee of eight be appointed, and have two from the superintendents, two from the Public Health, two from the private nurses, and two from the Canadian National.

Miss Wright: There would be eight for that committee, anyway, because the President of the Superintendents and the President of the National would be members ex-officio.

Miss Gunn: I think probably the committee might be appointed by the Executive. I think in appointing committees from the floor you are very apt to appoint members of the association present at the meeting, and very often some of our most valuable workers are not here.

I would move that we adopt the recommendation made by the Superintendents' Society and that four members be appointed by the executive of the Canadian National to act with the the two appointed by the executive of the Superintendents' Society to form a committee to draft definite plans for the federation of the two societies, to be acted upon at the next annual meeting.

Seconded by Miss Cotter. Carried.

Report of Special Committee on Nurse Education was given by the President and the chair was taken by Miss Gunn.

REPORT OF SPECIAL COMMITTEE ON NURSE EDUCATION.

The convener of the Special Committee on Nurse Education begs to report on behalf of the committee as follows:

The committee consists of: President Falconer, Toronto; Prof. McLean, Winnipeg; Mrs. A. Shortt, Ottawa; Miss Retallack, St. John; Miss Colley, Montreal; Miss Cotter, Winnipeg; and Miss MacKenzie, Ottawa.

Miss R. L. Stewart, Toronto, was appointed on the committee, but withdrew, as she was leaving Canada.

The convener has met with the members individually, and the rest of the work has been done by correspondence. The findings so far are:

1. That there is a general feeling of dissatisfaction among nurse educators—a feeling of unrest, which is most hopeful.

2. The nurse training is not a sufficiently educative course, because: (a) it does not develop character as well as it should; (b) it does not fully fit the women for the practice of their profession. The course at present has a tendency to prevent the broad development of the whole woman, and on the professional side trains only in hospital nursing.

3. There is a falling off in desirable candidates. This is due to (a) the unnecessarily arduous course, making it imperative in almost every case, for the women, while training, to cut themselves off from all means of culture. They work to the limit of their strength and are expected to profit by lectures, when they are physically worn out. Often they are obliged to listen to lectures from people wholly unfitted to deliver them. Then, when the three years' hard work is over, they find themselves trained only in one line of nursing.

The suggested remedies: Establish nurse training schools or colleges in connection with the educational system of each province, the "raison d'etre" of which will be the education of the nurse, not as it is under the present system, the lessening of the cost of nursing in the hospitals. These schools should be separate in organization from the hospitals. The hospitals will be used to supply the practical training. This should be a regular course given under the direct supervision of experienced nurse teachers.

The school will have its staff of lecturers. There will be a regular pass course with certificate at end, if examinations—practical and written—are passed, and honor or special course, in district and public health nursing, social service work, hospital administration, and in the training of teachers of nurses, for which special certificates will be given.

It is very desirable that something be arranged soon to provide some useful course for the young woman between the years of sixteen or eighteen and twenty-one. Those most valuable years, so far, have been lost for most of our women who have chosen trained nursing as their life work.

This committee would recommend that a committee be appointed in each province to work out a scheme along these lines in connection with the educational system of the province.

Special attention is drawn to the part that the nurse-training

should play in any scheme of vocational training adopted by the provinces.

A further recommendation is: That the whole matter be considered calmly—not from the personal standpoint, but from that of "Summum Bonum."

MARY ARD. MACKENZIE, R.N., Convener.

President: This is merely a preliminary scheme, and the first step we shall take is to point out the imperfections in the training and get it on a proper basis. The idea is that we go about it slowly, that is, start something and see what can be done, and work by using existing institutions. The suggestion was made by one of the university presidents that we work it out in some one place first, say, for instance, whatever province is most enterprising, and most strong on the educational standing. If that province would undertake to work it out as a tentative plan that would be a very good thing indeed, and would not cause as much upheaval as if we tried to do it too quickly.

Another suggestion was, in working out this scheme, that we use existing institutions, for instance, in places where there are technical colleges, schools of domestic science, etc., that have part of the work that the nurses need, that these be used, and the idea is that all the provinces work out some scheme on these plans. Get into touch with the educational system of each province and see what can be done, have estimates drawn up, and all that kind of thing. Some help might be given to the various provinces from the Imperial Government, so as to further that plan of nurse education. That, I think, could be done if it was worked in the proper way.

So that in presenting this report, we present it with the idea that it will be taken as a suggestion, and that it will be worked out as quickly as possible, but slowly, if necessary, in the various provinces, with a view of getting in as short a time as possible, this ideal plan that I think all the members of the committee feel is and should be a relief, and in a very few years we will have nurse education on a proper basis throughout the Dominion. This is the report, and I beg to move its adoption.

Miss Wright: How many nurses were on that committee?

President: We were to have six nurses and three laymen. Miss Stewart, unfortunately, had to fall out. Miss Randal I had asked to serve on the committee and hoped she would remain, but as I got this report rather late, it was not Miss Randal's fault, but probably mine, so that I was not in time to appoint another representative. So we have on that committee four nurses and three laymen.

Miss Wright: Personally, I do not approve of any committee formed of laymen. I am not a superintendent, so I feel I can say this.

We know the training schools have been built up by hard working, earnest women, with high ideals, who are doing their level best to make the training school, and we know the training schools are better now than they were years ago.

I feel that with three laymen and only four nurses that report is not the voice of the nurses in general. Miss Randal's name, I know, was on the committee, because when Miss MacKenzie asked Miss Randal to serve on that committee I was present. But further than that I know nothing about what happened in regard to this committee. As a nurse who is not a superintendent, want to give you my views.

Miss Gunn: This discussion has probably brought a great many points to light that will help a great many here. The adoption of this report has not been seconded. Will anybody move the adoption?

Miss Cotter: I would like to move the adoption of that report.

Miss Gunn: Will somebody make a motion as to discussing this in detail?

Miss Dyke: I would move that it be discussed in detail because I think many of us would endorse parts of it.

Miss Gunn: I think the committee probably have had a great deal of work and investigation to prepare this report, and we should consider the findings first. The first finding is:

"That there is a general feeling of dissatisfaction among nurse educators—a feeling of unrest which is most hopeful."

Miss Madden: I suppose it is hopeful that there is a great deal of dissatisfaction, and I think that unrest has always existed in the nursing body. I think things are improving all along the line.

Miss Gunn: Second finding: "That nurse training is not a sufficiently educative course because (a) it does not develop character as well as it should; (b) it does not fully fit the women for the practice of their profession."

Miss Kirke: I would not like to say that it does not develop character at all, perhaps it does not develop as fully as it should, but as a teacher of nurses, I would like to feel that the three years spent in training is helpful to them in the development of character as well as acquiring skill in their profession.

Miss Randal: Of course, I do not agree with the feeling that we are not educating, and the character of the young woman is not improved in three years. No one feels more strongly than I do that we want improvement. There is room for improvement, but I take very great exception to the statement that we are not developing character.

Miss Madden: Madam President, I might say that no educational institution to-day is developing character to the highest extent. I do not think we are alone. All educational institutions are feeling very much the same as we are, particularly the higher. I really would

hate to feel that our life work goes for nothing in the development of character in the young women who are with us for three years. Surely it is not as bad as that report would indicate.

Miss Mathieson: I feel as the last speaker said, that we are educating. When a man leaves college he branches out into the line in which he wishes to specialize, and the nurse can do the same thing.

Miss Cotter: I am not a superintendent, but I would like to say two or three words. These young women enter the training school ready to think for themselves and act for themselves. I think this is the point. Very often, and I would like to bring in right here one of the points brought out in the paper last night read by Miss Scovil, perhaps the nurses could be educated in a different way while in the hospital, and that is by having each class organized. We know, as organizations at least, when we try to get new members to act as president, as secretary, that they are wholly unfitted to do it. I think that could be one of the ways that nurses could be educated, and so feel they had just a little more freedom of speech, and less of the nervousness and sinking feeling at the knees that we experience when we get up to speak.

Miss Gunn: In the Toronto General and the school from which I graduated our classes are organized. They have their president, vice-president, and treasurer. Communications go to the nurses through the president. If we want anything done in the school, we simply interview the president of the class, and she takes charge of the matter. Very often the nurses wish to have some financial dues, and each nurse pays so much a month dues into the class treasury.

Miss Cotter: I knew it had been done on the other side, but I was not aware it was being practised in any hospital in Canada. I am very glad to hear that. It is a step in the right direction.

Miss Madden: Our classes are all organized and have president and treasurer.

Miss Cotter: Are the class grievances taken up by the president, or are nurses still dismissed in the old way without a real hearing?

Miss Gunn: I really think they are getting quite progressive. About the time I went to the Toronto General there was a committee appointed on the library, and the pupil nurses had given a certain sum of money towards the library. Shortly after I went there one of the medical men offered to give the nurses a reference library. He was rather slow about doing it, and I did not want to give him a list of the books we needed without some preparation. I wrote to the largest hospitals to see what books were much used. At the same time he was making a list. I did not think much more about the pupil nurses' side of it. Suddenly, one day I found a letter on my desk from the pupil nurses asking what had been done with the money

they gave towards the reference library, and I immediately explained at length as to what had been done with it.

A Member: Does the nurse's training during the three years fit her for anything outside but just obeying the doctor's orders? With our nurses on the other side, when they are wanted for public health work, school nurses, etc., they have to start over again. The majority of the nurses finishing their third year do not know any of the resources of the city for the care of the poor. If we could branch out and get some idea of things that would fit the woman to go out and meet public conditions, I think that would be a step in the right direction. We keep the nurse going the same round, because it is a benefit to the hospital. That is right as far as the hospital is concerned, but scarcely fair to the nurse. The public educators are waking up to the idea that they cannot spend so much time in post courses. Some time during the senior nurse's course she should be given a course in sanitary hygiene and something about city government, and along the line of advanced work she could do.

Miss Dyke: Not long ago I had a long talk with Dr. Cabot, and he said that the three years' course that a nurse had unfitted her for successful work, because the powers of the initiative were repressed in her. In 50 per cent. of the schools I do not think it is true. But, still, Dr. Cabot has stated and printed in writing that the training of the nurse teaches her to follow the lead and crushes all power of initiative.

Miss Gunn: Dr. Cabot makes that criticism, Miss Dyke, but he moves heaven and earth to get trained nurses as his social workers.

Miss Randal: A doctor, Madam President, goes through his regular course of four to five years, and he is then fitted for general practice. Then if he wishes to become a specialist he takes a post-graduate course. I think that three years is not too long to fit the nurse for her work, and then she is in a condition to absorb these special courses and make a success along her own line.

Miss Madden: Madam President, I think there is a danger of filling the three years with too many subjects, and giving the pupil nurse a smattering of various things. It seems to me that the three years' course is necessary for the nurse, and, as Miss Randal says, a further course can be taken later on. I think the teachers of nurses have difficulty in getting in subjects that are necessary to the pupil's education. I fancy a well-mapped-out preliminary course, taking scientific subjects in that way, and then spend, say, two years in the hospital having the instruction necessary in the art of discipline. You may know how to do a thing thoroughly when you have done it four or five or six times, but the continual doing of it is a necessary discipline in that work.

No army will be worth anything who simply drill in the field, say, a

month every year. The betterment is made by the continual drilling. It sometimes seems useless and altogether unnecessary, but it is a discipline of the nurse, and helps her to do the right thing and know how to do it well, and also removes from her mind the strain of doing it. It leaves her mind open to receive other impressions, and altogether it is extremely valuable, in my mind.

Perhaps the last six months of the nurse's time might be given up to an optional subject, such as public health work. Public health nurses are not the only nurses we need; we need private nurses all the time, and, in the first place, we have the sick with us always, and we need hospital workers. All of us who are in hospital work know how we need proper instructors, and how very difficult they are to obtain.

Miss Gunn: Third finding: "There is a falling off in desirable candidates. This is due to (a) the unnecessarily arduous course, making it imperative, in almost every case, for the women while training to cut themselves off from all means of culture. They work to the limit of their strength, and are expected to profit by lectures when they are physically worn out. Often they are obliged to listen to lectures from people wholly unfitted to deliver them. Then when the three years' hard work is over, they find themselves trained only in one line of nursing."

That finding brings out the point that all nurses are cut off from all means of culture during their training.

Miss Kirke: I think for many of our girls who come to us it affords them means of culture they have not had before, particularly those who come from the isolated country districts. I do not mean their educational advantages have been inferior, because we claim to have a very excellent educational system, and the girls have opportunities for taking advanced work, and it is very noticeable with many of our pupil nurses that they improve very much in matters of that kind. We notice a change, perhaps, in a year.

Miss Randal: Madam President, it seems to me we are a badly abused lot of people. I think the nurses have fine opportunities for all sorts of culture during their training. I also object to the long hours being one of the reasons, because I do not think it is true. I think the nurses improve in health, and, as they are always able to go to a dance, I don't think we are killing them. Really, I cannot see that we are so badly off as we might be.

A Member: I have spent practically all my life in the United States, and I would like to tell you that I have heard so many people say: "Why do so many Canadian nurses come over here to train, and why are they the best nurses we have?"

Miss Southcott: In Newfoundland a great many of our girls come from the outports. They have a very good education, but they

have not had much opportunity for what we call culture. We find they get culture to a great extent after they enter the training school, and are very much more cultured when they leave us than when they come to us. As Miss Randal says, they are always ready for a dance, and seem to have plenty of energy left after the day's work is over. I do not think we work our nurses too hard in Newfoundland.

Miss Madden: Someone has said that nurses are cut off even from going to church. Our nurses are able to attend church both morning and evening. Beside that, I do not think that our treatment of nurses in the training school is the reason for the lack of applicants. I think the great and tremendous growth of training schools is responsible for that. Perhaps in 1880 there may have been 25 schools. I do not think there were as many as that in the United States, and now there are between 11,000 and 12,000. I have known nurses a good long time. I have trained three years with them, and since then I have been teaching them and living with them, and I do not see the falling off that is spoken of. I think the falling off may be found among all lines of work. In the United States particularly there has been a great deal of criticism made along this line. We might say, do the colleges educate? I have known women with B.A. degrees who could not spell, and we occasionally have nurses who cannot spell. I do not think we are alone in not fully educating the nurses. I admit that education is not as good as it should be, but I think that education along all lines is unsatisfactory, and we welcome anything that is going to make it better.

Miss Gunn: In regard to the shortage of applicants, I think that the large hospitals are not having as much shortage as the smaller ones. I think that the young women like to go to the large centres to train. This leaves the small hospitals lacking. On the other hand, not so many years ago there were very few vocations for women, while at the present time there are vocations opening up every day that women may enter. As Miss Madden says, the hospitals are growing in number and size every year, and I think that, taken with the number of vocations opening up, would perhaps account for the shortage of applicants in the training school. I do feel that is the reason, and I do not feel it is the fault of education in the training schools.

President: There is one little adjective there that was overlooked, and that is desirable applicants. From the lists and from the statistics I was able to get, we found that the increase in the number of applicants was perfectly wonderful, but it is the decrease in the number of desirable applicants that the committee wants to bring up.

Miss Gunn: A few years ago, before registration was established in the United States, the desirability of the applicants was not closely

looked into. We have to live up to our registration standard. That may account in a certain degree for the desirability of the applicants.

Miss Gunn: Fourth finding: "Establish nurse training schools or colleges, in connection with the educational system of each province, the raison d'etre of which will be the education of the nurse, not as it is under the present system, the lessening of the cost of nursing in the hospitals. These schools should be separate in organization from the hospitals. The hospitals will be used to supply the practical training. This should be a regular course given under the direct supervision of experienced nurse teachers."

The school will have its staff of lecturers. There will be a regular pass course with certificate at end, if examinations—practical and written—are passed, and honor or special courses, in district and public health nursing, social service work, hospital administration, and in the training of teachers of nurses, for which special certificates will be given.

It is very desirable that something be arranged soon to provide some useful course for the young women between the years of sixteen or eighteen and twenty-one. Those most valuable years, so far, have been lost for most of our women, who have chosen trained nursing as their life work.

This committee would recommend that a committee be appointed in each province to work out a scheme along these lines of connection with the educational system of the province. Special attention is drawn to the part that the nurse training should play in any scheme of vocational training adopted by the province. A further recommendation is: That the whole matter be considered calmly, not from the personal standpoint, but from that of "Summum Bonum."

What is your desire about this committee?

Miss Wright: I should think that the most rational solution would be to ask a committee of Superintendents to deal with this report and go into it carefully and bring in their findings at our next meeting. I think the Superintendents are best able to deal with this matter and take that committee's report, and criticize it or approve it as they see fit.

Miss Cotter: I do not think this is a question to be left entirely in the hands of the Superintendents by any means.

Miss Wright: We could get the superintendents' point of view, and then deal with it as a body.

Miss Cotter: You mean we will wait for one year?

Miss Gunn: We can only accomplish that by having a mixed committee.

Miss Cotter: I would suggest that the Superintendents of the different hospitals of the provinces, along with members of the pro-

vincial associations, be asked to go into the whole question and report next year.

Miss Gunn: Do you mean, Miss Cotter, to have the superintendents of the training schools in each province?

Miss Cotter: Would that number be appointed by the Provincial Association, and how would the superintendents be appointed? Don't you think that the superintendents might be selected from the largest training schools in each province?

President: If you are going to refer that to the provinces, you will have to refer it to the organizations of the provinces, and the only organizations you have in the provinces are your Provincial Associations. Every province has a Provincial Association now excepting Prince Edward Island, so you can very easily refer this to the Provincial Association, asking them to appoint a committee, making a special request that they put so many superintendents on that special committee to work along that line, and then report back, I should think, to the Canadian National. The Canadian National includes the superintendents, and if we get the benefit of the superintendents' ideas, we also get the benefit of all the other nurses, and I think all sides of the question should be dealt with.

I think it would be a great mistake to pick out any hospitals. The best thing would be to have a letter sent by the secretary to the secretary of each Provincial Association, asking that a committee be appointed, with certain representatives of superintendents of training schools, and that they give their reports at whatever time you decide.

Miss Madden: I do think that the private nurse and the public health nurse ought to have a voice in this matter. They are really as interested as we are. It is not a matter for the superintendents at all. We may get narrow and see things entirely from our own point of view.

Miss Gunn: I think it would be well if we would decide to ask each Provincial Association to appoint a committee forming one large committee for the Dominion, each committee to bring in recommendations from the province, and that committee to consist of superintendents and private nurses and public health nurses, and have these committees report their findings in their own province, and their suggestions to the convener of the committee. Would it be well to have a convener for the whole Dominion? The convener should be appointed by the Canadian National. Is there anyone who will put that in the form of a motion?

Miss Wright put the above in the form of a motion.

President: There are a number of nurses present from New Brunswick who are forced to leave Saturday morning before the end of the session, and they are particularly anxious to have the registration session while they are here, if it can possibly be arranged. The execu-

tive decided it was the feeling of the whole association that we would transfer the Saturday morning session to to-night, and transfer the session that should come to-night to to-morrow morning. Is there any objection?

The next item is new business.

Miss Dyke: When are we going to appoint the convener of that committee?

President: That will be appointed by the new executive.

Miss Crosby: The editor of "The Woman's Century" is very anxious that the nurses should become responsible for a department in that paper. The editor wrote me some little time ago, and as editor of "The Canadian Nurse," I sent her some material for a column, but she would like the National Association to become responsible for a department. I told her I would bring this to the attention of our National Association at its annual meeting.

President: Is it your wish to have a page or column? Do you think it is advisable or inadvisable?

Miss Madden: I think we have not done our duty very well by our own magazine, and we might not do very well by another one.

President: There is a danger in refusing it, and a danger in accepting it.

Miss Crosby: It occurred to me that it is an opportunity for the nursing profession to identify itself with the women's associations. We have on that paper the National Council of Women, the Imperial Order of the Daughters of the Empire, and others, and it seemed to me an opportunity to bring the nurses' work before the women of Canada, and that we should consider the matter very carefully. Our work has not been carried along with the other workers. We have not worked with them, and I think we should co-operate. Some of their workers have been reporting on nurses' work. Now, we do not think that is right, but it is not their fault, it is our fault. We have not co-operated with them in these large things, and I think that we should, and it seemed to me an opportunity for us to identify ourselves with the women's work all along the line.

President: That is quite correct, and the danger, if "The Canadian Nurse" turns it down, is that some other person who is not a nurse will write about nursing in that magazine, because nursing is very interesting at the present time, and a great many of the magazines want to have opinions on nursing, and the result would be that they might put in a correspondence school nurse to deal with this column, or some doctor or other worker. That is going on all over the country to a much larger extent, I think, than the average nurse realizes. For instance, they are having courses in nursing in some of the agricultural colleges, and they are not appointing trained nurses to give these lectures. I have asked some of these

professors about it, and they have smiled and not given me an answer.

In one of the provinces they are editing little booklets on home nursing, and these were distributed at a meeting which I happened to attend. It was written by a woman who had never been inside of a hospital in a professional way. She happened to be the dean or secretary of the women students, and, in addition to her other duties, was detailed to write a booklet on home nursing.

That is why I feel that nurses, for their self-preservation, must go into that public life whether they like it or not. It has got to be done, or we are going to be back numbers.

In regard to the question about this page, I do not know just how this would be managed. I suppose the editor of "The Canadian Nurse" might send the items.

Miss Crosby: Madam President, if you have the editor of "The Canadian Nurse" send these items, the danger is that she sends the problems that loom largest in her vision, but if each province had some one who would contribute, take a certain month—I think the magazine is published monthly—and see that the column is filled for that month, it would be much better than to make any one person responsible for the whole.

Miss Wright: I would like to say, Madam President, that if you leave it to each province it will be just the same as "The Canadian Nurse." It should be undertaken by one woman who pledges herself to see that the column is filled every month; otherwise, leave it alone. And if we do leave it alone, we should send a message to the editor saying that everyone is very busy, but hope to be in a position to accept at next meeting.

Miss Dyke: Could the matter be referred to the same committee that is dealing with the matter of affiliation?

Miss Madden: Why not, if the feeling of the meeting is in favor of having this page, why not settle it now? I move that we accept the offer of a page in "The Woman's Century," and that the executive of this society appoint one person who shall be responsible for that page of the magazine to the society.

Seconded by Miss Cotter. Carried.

President: At the last executive meeting of the National Council of Women, held at Ottawa, the executive decided to again create a standing committee on nursing. That was after the motion that was sent in from the Superintendents' Society was read and discussed, and it was decided unanimously to have a standing committee on nursing.

That means a Dominion committee, with one convener for the whole Dominion, and there are representatives from every local council throughout the Dominion, appointed by each local council, and

from every federated society. Every federated society is entitled to two members, and each local council to the same number.

In your communities, see that you get in touch with your local Council of Women and find out if they have appointed these representatives, and if they are nurses. If they have not, ask them why, and urge them to appoint these representatives on that standing committee, so we may get together and get the plans outlined. This is merely in the form of an announcement that has been settled.

Miss Madden: May I ask who is convener of that committee?

President: I am, I am sorry to say.

Meeting adjourned till 2.30 p.m.

Friday July 10th, 2.30 p.m.

President: The first item of new business is the work in connection with the International Council of Nurses, with which the National Association is affiliated. As you know, the International Council meets in San Francisco in 1915, and there are certain matters that are going to be brought up there. The Florence Nightingale Memorial Fund and also Canada's part in the programme must be arranged.

I will ask the secretary to read some of the letters that we have received in connection with this, and then we will decide what form our programme will take and what our plans will be in dealing with the business that comes up.

A number of preliminary reports of the International were published, that is, one bulletin was published from the Publicity Bureau in San Francisco, something came out in "The Canadian Nurse," and then there was another article, and in all these articles Canada was blissfully left out, so I wrote Miss Goodrich, who is the president, asking why Canada had been left out, and if they intended to slight us, so we would know where we stood, and the first letter Miss DesBrisay will read is an answer from Miss Goodrich.

Programme was also read by Miss DesBrisay.

President: That will give you a very good idea of just how the thing may be handled. The two principal points we have to take up in connection with this are: First, the Canadian National's part in the programme of the International Council, and, secondly, the Florence Nightingale Memorial Fund. If we are going to contribute to that, and then in what way we will arrange to have that fund collected. As most of you know, the International at their last meeting decided to have an International Memorial to Florence Nightingale. This is to take the form of a chair of nursing in one of the universities in her own land—England—and all of the affiliated societies are to contribute to this fund, and the course established will be open to nurses throughout the world. The funds that are being collected in the various countries will be presented to Miss Goodrich at the Interna-

tional Convention. It has yet to be arranged who will present that and how it will be presented. I believe they wish to have it in the form of a pageant and have some fanciful way of presenting it.

How shall we go about arranging for the programme? As has been read, each country is allowed to have five papers, and they may select the subjects from a very large list that has been read. Each National selects its own subjects and its own writers, and each paper is to take not more than ten minutes to read.

Miss Wright: I should think Canada could easily supply five papers, and I would like to move that Canada undertake her share in that part of the programme.

President: The question is, what steps will we take to have those subjects selected, and have the writers selected? You see, that is supposed to be done by the National. It will have to be done before our next annual meeting.

Miss Wright: I move that that step be taken. It will take a great deal of thought and time. We will have to get the best women who we think can do the work, and then get the subject each likes best.

President: It has been moved that we leave the question of our part in the programme to the Executive Committee of the National Association.

Seconded by Miss Crosby. Carried.

President: The next subject is the Florence Nightingale Memorial Fund. I think the first question is: "Is Canada going to contribute to it?" It was decided by the International, so I suppose it is our duty to contribute, the same as it is our duty to contribute to the programme.

Miss Cotter: I would like to say, Madam President, that in Manitoba they have already spoken of this, and partly planned for some of the means and ways of collecting money for this fund. I do not know just what they will be, but at least a couple of our members have volunteered to give a tea or couple of teas.

Miss Wright: In British Columbia the idea is to have it a personal matter with every nurse. We do not want it to come from any association, but from each nurse. We are asking our nurses to give one cent per day, which will make $3.65 for each nurse, and we have asked the superintendents to get what they can, so we are hoping the pupils will give what they can.

Miss Gunn: I would suggest that the matter of raising the funds be left to each Provincial Association.

President: It would have to be, but it is well to get these suggestions. I think that it is well to hear of the different ways of raising funds, so that these would be suggestive to other provinces.

Miss Wright: In British Columbia we thought the sums given

by each individual province would be felt by each to be small.

President: The whole amount is given by the National from the Canadian nurses. The question is, Miss Wright, about it being only from nurses.

Miss Wright: It is in my own alumnae. They told me in Detroit that the idea was that the money shall be given by the nursing profession.

Miss Scovil: I think some of the English nurses are giving a day's pay each.

President: You see, the president of the National is the vice-president of the International. Will you leave it to her, or will you leave it to the executive? What is your idea, because some definite person should be responsible for that fund?

Miss Randal: I think the president could easily manage that. I do not think it would be a very great task.

Miss Madden: How long will the nurses have for their collections?

President: It is going to be presented on the 5th June. As I understand that article, whoever is chosen to present it will present it on that day to Miss Goodrich, so, of course, she will have to have it from the different provinces in time to go to San Francisco.

Miss Randal: I think if all the funds were brought in at our next annual meeting would be plenty of time, would it not?

President: I need hardly say that every nurse is expected to be in San Francisco next year. I hope you will all be there.

The next business on the programme is the election of officers. Will the convener of the Nominating Committee report?

Miss Pemberton then read the following:

President—Miss Wright, New Westminster; Miss Christina Hall, Ottawa.

First Vice-President—Miss Kirke, Halifax; Miss Sheridan.

Second Vice-President—Miss Cotter, Winnipeg; Mrs. Goodhue, Montreal.

Treasurer—Mrs. Fournier, Gravenhurst; Miss Judge, Vancouver.

Secretary—Miss Gunn, Toronto; Miss Breeze, Vancouver.

Councillors—Miss Randal, Vancouver; Miss Jean Browne, Regina; Miss Scovil, St. John; Miss McPhedran, Calgary; Mrs. Tilley, Brantford; Miss Rowan, Toronto; Mrs. Paffard, Winnipeg; Mrs. Hill, Winnipeg; Miss Ethel Morrison, Victoria.

President: Will those who have the right to vote stand, please, and take seats in the front?

At the suggestion of Miss Cotter, Mrs. A. W. Moody, Winnipeg, was added to nominations for second vice-president, and Miss DesBrisay, Montreal, for treasurer.

Ballots were distributed, marked, and gathered by scrutineers.

President: If there is no other new business to come before the meeting, we will go on with the Public Health Section. The papers are limited to five minutes, and I think it would be better to take them all and have the discussion later. Anyone who has anything to say on any special paper should make a note of it, so we can have it then.

THE VICTORIAN ORDER OF NURSES.

By E. Hall, Vancouver.

The Victorian Order of Nurses is the National District Nursing Association of Canada, with branches and cottage hospitals in all provinces excepting Prince Edward Island.

It is under one central authority, the Board of Governors, which is the large Board of Management for the Dominion. This is composed of: Five members appointed by his Excellency the Governor-General, who is patron of the order; two representatives of the Dominion Medical Association; one representative from each Provincial Medical Association; and one or more representatives from each local association, in accordance with the work done.

The royal charter provides as a first necessity that a "high standard of efficiency for all district nursing be maintained."

Nurses must be graduates in good standing of general hospital training schools, with a four months' post-graduate course in district work in one of the training centres of the order.

The post-graduate course covers child welfare, social service, milk station, tuberculosis, school, and other lines of public health work.

In the smaller towns we find the district nurse, the Advisory Board of the neighborhood. She is school nurse and social service nurse as well. Very often the only trained nurse for many miles—she is the local doctor's able assistant, and her influence is invaluable in the community.

In the cities, our work is principally among the poor and the small salaried families, with a little hourly nursing among the richer.

In these days we talk of the high cost of living, and the man with the moderate salary finds his cheque scarcely sufficient for ordinary needs. When sickness comes, he finds it impossible to pay a private nurse's fee. And certainly a nurse should not be expected to give her time, which ordinarily means her daily bread, nor to cut her fee and create a precedent it might be hard to overcome. In taking these undesirable cases from the private nurses, I think we befriend her. They are "hard" cases, in that little domestic help is kept, necessary supplies are not always obtainable, and when the case is finished, no money in view, and more remunerative work has been lost meanwhile.

The district nurse can handle the case with the assistance of some member or members of the family. The small sum charged will not

be burdensome, while the family keep their independence, knowing they can pay the fee asked.

From the nurse's viewpoint, district nursing is a very satisfactory work. The nurse's visit is the bright hour of the day to an invalid, who thoroughly appreciates her work, and at the end of a hard day the nurse can look back and call the hours well spent.

SCHOOL NURSING.

By E. M. Paul, Superintendent School Nurses, Toronto.

Throughout our work as nurses, we have been constantly stirred by the call of many voices that we should join in the great army advancing against the dread enemy that disease has through all time proved itself; and no voice has urged us more strongly than our own impelling ideals, whether personal ideals that we should mould our lives to the noblest ends, or national ideals that our people should as a whole advance towards the goal of perfection, physical, mental, and moral. Perhaps each of us thinks that the particular sphere in which we have done our work as graduate nurse offers best opportunities. I wish to speak to-day of what has seemed to some of us the strongest appeal of all, the office of school nurse. This is a national appeal; we have had visions of our Dominion peopled by a race strong in physique, clear in mentality, and clean in morals; it is more than probable that our first ardor was dampened by the harsh reality of conditions among men and women who are the Canadian citizens of to-day. But the dream haunted us; at last we began to see how the fulfilment of the dream could come—through the children of the race is our only hope. Can we make the children of to-day healthier in body and mind than their parents have been? Desultory efforts had so far proved unequal to the task; it was realized that the matter must be undertaken systematically. Where was the struggle—for it was to be a struggle—against disease to take place? Surely on the same ground where the school teachers are working for the intellectual development of the child—and in the school and through the school it must be.

When medical inspection of school children first became a regular part of school procedure it usually meant that the teacher referred to the physician children who appeared to her to have defects or disease. This led to much good, but also brought about two unfortunate results, viz., that many defects which were not apparent or seemed of minor importance, were overlooked by the teacher, who, of course, could not be expected to have the experienced eye of a trained nurse; and, secondly, that those pupils who were excluded from school by the medical inspector often remained out for a long time, and probably were not treated at all. Who, then, was to come to remove these two defects of the system? It has been very generally conceded that the plan adopted, viz., the engaging of trained school nurses to join the forces

of medical inspectors, has made the system a genuinely effective one. It is of the work of the school nurse I wish to speak now in some detail.

Probably her work may for convenience be divided into three parts, finding disease, curing disease, preventing disease. How do we of the staff of school nurses in Toronto find disease? In many ways, and the following instances will show some of them. After each of the three holiday sessions, midsummer, Christmas, and Easter, a routine examination is made of every Public school child by medical inspectors; a similar examination is conducted by the school nurse every two weeks during the school year. By means of indexed cards, a complete medical history of each child is kept, covering the whole period of school life; this is one of the nurse's aids in detecting disease, for she will see by this if the child is susceptible to any particular weakness—of lungs, nervous system, etc. In her everyday contact with school children, the nurse will have many occasions of discovering defects, mental and physical. In consultation with the teacher she will learn of pupils mentally defective or backward, and on examination often finds that the health of the body has affected intellectual progress, and she proceeds to find the physical causes. The following is an instance: In a Boys' Home in Toronto all were apparently backward, for no boys were farther advanced than second book grade. The teacher said there was evidence of some mental deficiency in every boy, some of minor importance, some of graver nature. A nurse was appointed, and on investigation felt assured that physical defects were partly to blame, for she found deplorable conditions. A physician was called, who examined all, and handed over the cases to the nurse for treatment; she had several taken to hospitals or dispensaries, especially to have adenoids and tonsils removed and glasses fitted. This, followed by regular care, made a remarkable difference in health of body, and, consequently, such an increased capacity of intellect that two more advanced classes had to be opened at the end of six months. Probably the most interesting of the nurses' methods of finding disease is yet to be mentioned, and that is through the opportunity offered by her work, in following up to the homes cases already discovered in the school. A few concrete examples will serve to illustrate this. A rather persistent cough was noticed in a thin, pale girl in one school, and as the nurse happened to find a brother in another room in very similar condition, she decided to investigate, with the object of finding a probable cause in home surroundings. At first admission was refused, and questions only brought from the mother the assurance that the children merely had colds, and that no other member of the family had ever had tuberculosis, or even unusual colds. Not satisfied, she persevered tactfully, and did eventually succeed in finding the awful truth of the circumstances, viz., that the father was in the last stages

of tuberculosis, had been ill for years, finally losing his position, was now at home with the children all the time, and, in addition, was very careless in his habits, with the result that now the two children and the mother were slowly but surely in the grip of the disease. The case had escaped the notice of public health authorities, because the family would not call in a physician—it was left for the school nurse to discover and deal with these cases. It has been a frequent experience with us to find a really serious disease, e.g., scarlet fever by following up what was reported to us as a rash, especially in cases where families are poor, children neglected, probably both parents away all day working, and only by a visit from the nurse during the day has the disease been discovered and the children quarantined.

No need to wonder then, is there, when we find our cases? How to cure them is the next problem. Minor defects or diseases are treated by the nurses themselves in the schools, if the child is well enough to continue at school and have regular care at the same time. If the case requires hospital treatment, the parents are notified to have this done, and if this fails, the nurse—with the parents' sanction—takes the child to the hospital. Objections will arise here both from parents and children. Much tact, many explanations, and endless patience will usually win over the parents; and the children? Well, their love of a bargain often solves the problem: e.g., they can easily be persuaded to clean their teeth regularly when the nurse offers them a large tube of tooth paste and a tooth brush for only ten cents each; or they willingly submit to go to a dentist when she tells them she will cure their warts for every boy who will have his teeth filled. If it is defective sight that we discovered, we see that the children go to an oculist and are fitted with glasses. Our board of education has provided from forty to sixty pairs of glasses in a year for children who are unable to bear the expense themselves. Children with contagious diseases are excluded by the nurse. Within 24 hours the medical inspector calls at the home, and if it is a positive case he reports it to the board of Health. Frequently contagious diseases are discovered through our rule that no child who has been away from school two days or more for illness can enter his room again until formally re-admitted after examination by the nurse or medical inspector. Often our only chance of helping the cure of a case is by following it up to the home of the child, and there we do what we can by advice to the mother in regard to treatment, food, fresh air, or other proper home conditions, and probably by some assistance such as bandaging a sore, etc. Occasionally, however, things do not go so smoothly between nurse and parent, and after persistent refusal to have his child treated, if nurse deems child in danger, the father is summoned to the Juvenile Court, where law comes to the aid of the school nurse. In the case of tuberculosis, if it is a positive case, we endeavor to secure admission for the child

at Weston Sanitarium, and especially in tuberculosis cases are we unremitting in our searching out of home surroundings to see if there are other cases at the home not receiving proper care, or if any unwholesome, insanitary home conditions or habits can be changed so as to put an end to the possibility of contagion.

I have left to the last our preventive work, not because logically preventing disease follows finding or curing disease, and certainly not because it comes last in importance. On the contrary, we almost believe it is the first in importance, because it seems more far-reaching in its aims. There is a limit to the detection of disease; there is certainly a limit to the curing of disease; but the possibility of preventing disease seems not to be bounded by time or space, for we hope that the work we do to-day will be of perceptible benefit to the coming generations. In our optimistic moments we feel there is no limit to the number of people affected by our preventive work. I have mentioned incidentally our work in the home in finding and in curing; here, again, we believe the home is a great field for active influence. After a few visits, for one reason and another, we usually gain the friendship and confidence of the mothers, and it is easy to impart advice in regard to habits of living, wholesome food, proper clothing, methods of ventilation, and a hundred different ways of observing general laws of health. Here, again, we meet cases which do not come under our jurisdiction within the school, for, instance, younger children. Many a mother has afterwards expressed gratitude to us that we gave advice about a baby who would otherwise have grown up with a defect or disease of some kind. Our only grief is that we find so many cases that might have been thus prevented if the office of school nurse had been earlier instituted. As an instance, in one home a nurse found a boy of 13 who had never been to school because he appeared to be an idiot, no physician had been consulted, and he had been carefully guarded from the public health officer, indeed, from everyone who could give any help. But—"Enter, the school nurse"—and inactivity and neglect vanished. She subjected him to thorough examination; she found that he had almost every physical defect commonly found among children—adenoids, enlarged tonsils, cataract on both eyes, teeth and mouth in an unspeakably bad condition. Some of his defects could be remedied, but some were too advanced or had become chronic. Rarely has any one case proved to us so conclusively the "worth-while-ness" of early care, for we knew that boy's mental condition was largely due to neglect in the first few years of his life. Every few days we find new instances of some deformity which might have been prevented—facial deformities from adenoids or bad teeth, and even more frequently orthopedic defects of various kinds. Nurses have been so impressed in school and in home visits with the terrible consequences of neglect of infants and young children in that they are handicapped for life, that they

become untiring searchers after defects, and faithful attendants on cases until cured. If the State could only realize that a few dollars spent in prevention will save hundreds of dollars spent in hospitals and insane asylums!

Modern medical practice proves more and more the frequency with which human ills are caused by unhealthy or unclean conditions of teeth and mouth. To combat this, we have instituted tooth brush drills, and you would be interested to see at drill-time this veritable army brushing away with might and main. The children obtain at a nominal price tooth brush and tooth paste from the nurse; last year 8,391 tooth brushes and 11,780 tubes of tooth paste were sold to children, and really amazing results were seen.

From experience we know that many catarrhal conditions and other ills follow improper breathing, and we have endeavored to impress on all the importance of nasal breathing. The thing which made this a difficulty with the children was the fact that their nasal passages were rarely kept clear, so we instituted nose-blowing drills, and thereby we believe we have warded off adenoid growths, catarrh, and susceptibility to colds in very many cases.

Our visits to the mothers of our district have already been mentioned. There remains the story of their visits to us—and just as interesting and effective are these. We form in the school a Mothers' Club, with the mothers, the teachers, and the nurse as members, and certain mothers elected to fill the offices. The programme varies, sometimes a lecture from some prominent man, again the nurse gives a full outline of the purpose and method of her work in their school, or a medical inspector gives a talk on general hygiene. The memory of the first Mothers' Club meeting I held is quite vivid in my mind; we had a general feeling of excitement in making our preparations, for it was the old Duke street school, in a crowded and poor district. We hardly knew which fear was the greater—that no one should respond to our invitation or, on the other hand, that we should be overcome by an onslaught of hundreds! But we believe they have accomplished their purpose—a better understanding between nurse and mother, and a sympathy with the nurse in her work.

Real progress is made in any organization only when work is carried on with the future definitely in view. If better conditions are to exist in our schools five, ten years hence, we must begin to create those conditions now. This was one of the motives prompting the institution this year of "Little Mothers' Classes," a branch of our work that has already had gratifying results. In 19 schools our nurses are conducting these classes in rooms equipped with bath tub, hospital cot, weighing machines, etc. Little girls of ten and over gather about and receive practical instruction in every step in the process of washing and dressing an infant, first using large celluloid dolls until showing

themselves careful and sufficiently capable to have a "real live baby" entrusted to them. By having the information imparted in this attractive way, it becomes no longer a mechanical or disagreeable thing, but an intelligent piece of work to help with the babies in their homes. We believe that when the time comes for those infants to enter our schools they will have healthier bodies for having been thus intelligently cared for. But this is not all. Looking at the work from a still broader point of view, will not the next generation—the children born to these "Little Mothers"—be stronger and better in every way for the early training now being given in our Public schools? May this not be one factor in producing a higher class of citizens in our city? We plan that during the summer these Little Mothers will hold themselves responsible for the infants in their own homes or districts to the extent of reporting needy cases, or directing mothers to dispensary or milk depot, where advice or assistance may be secured. Thus will they prove the immediate value of their training, by becoming expert sentinels over the health of the baby world.

Probably the last of our preventive measures I shall mention will seem to you the most attractive, for we move out of sordid home surroundings, away from formal school rooms, and enter a veritable fairyland of trees and flowers, rippling waters, and grassy hills. Our Forest School was planned for the benefit of those anaemic and delicate children whom we had hitherto reluctantly left in June when school closed, knowing that the summer heat, poor food, and stifling air would send them back to us in the fall feebler than we left them, or probably have drained entirely their poor remnant of strength. Instead of abandoning them just when we are needed most, now we choose out carefully those who are tubercular, anaemic, or otherwise delicate, and for these the summer session begins. Let me outline a day at the Forest School —the children, by theway, spend the nights in their own homes. Transportation cars gather them up early in the morning and convey them to the Forest School, on a hill by the lake bank, on the outskirts of the city. Arriving at 8.30, they have breakfast, then study-hour until 10.30, when lunch of bread and milk is served. A play-hour follows, then at 12 a wholesome dinner. From 1 to 3 there are no sounds of merriment or busy hum of lessons, for they are in among the trees, each child wrapped in a blanket, fast asleep on a stretcher. Two hours of sleep in the open air on the lake bank give these children a better chance of a prolonged life than hundreds of bottles of medicine; and if you add to that three or four good meals, you are safe in predicting that every child will have gained immeasurably in health and vigor by fall. This year we have 120 attending the Forest School in Victoria Park, and in a few weeks we will have as many at the new school in High Park.

If you have so far formed any idea of our day's work, it will

hardly be necessary for me to add that our nurses are social workers in every sense of the word. For, in the first place, is not their duty as school and visiting nurse the very essence of social service? But, further, can you imagine any nurse in the position taking a merely mechanical interest and doing only exactly the work demanded? It will take little imagination to call up the hundred and one cases where she will be drawn on from nursing to aid in numerous other ways. Because our nurses are in touch with social workers, they frequently are able to find employment for mothers or fathers of their school children; they have through friends or charitable institutions provided food and clothing in hard times; they have interested themselves in older brothers or sisters and encouraged them to attend night school in order to qualify for better positions; they have been instrumental in opening pure milk depots, probably thereby saving many babies' lives. I recall one instance. A nurse noticed a child on the street during school hours, and questioned her—to receive no answer or even acknowledgment of the question—the child was deaf and dumb. The nurse followed her to her home, made enquiries, and found that practically nothing had ever been done for her. Pity, not unmingled with a little indignation, made her resolve that something should be done for her, in spite of obstinate relatives and various other obstacles—at first apparently insurmountable. Finally, she was admitted to Belleville School for Deaf and Dumb. A few months later the principal reported her one of their brightest pupils. We foresee a happy and hopeful future for one who would, without the nurse, have been doomed to a life as gloomy and helpless as any we can imagine.

Such is our work among the children of Toronto, i.e., among the future men and women of our city. The teachers can bear strong testimony to the effectiveness of the medical work, for they declare it is a pleasure now to teach compared with some years ago, for the mental standards are higher with better physical conditions; and just as truly are moral standards higher.

I should like to close with Dr. Gulick's comment on the school nurse:

"To sum up the case for the school nurse—she is the teacher of the parents, the pupils, the teachers, and the family, in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations in the home of required treatments, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influ-

ences. Among foreign populations she is a very potent force for Americanization."

"CHILD WELFARE."

By Helen N. W. Smith, Hamilton, Ont.

The tremendous summer death rate among infants, especially among those under one year, due, as is recognized the world over, in a great measure to improper feeding, led those interested in child welfare in the City of Hamilton in the year 1909, to put forth some effort to study this question of the prevention of infant mortality, to provide a suitable food for bottle-fed infants, and thus give the babies of our city a chance of life during the extreme summer heat.

A committee, with representatives from the Medical Society, the Medical Milk Commission, and the Victorian Order of Nurses, was formed to take charge of the work, and for the three summer months, for three years, clean milk was obtained, properly pasteurized, made into suitable formulae, and sold to the mothers from various depots throughout the city. Although the results obtained were highly satisfactory in the saving of babies' lives, it was not educating the mothers along the broadest lines, and the financial strain was such that the committee felt that some better method must be adopted, if the work was to be continued.

In June, 1911, the Babies' Dispensary Guild, Hamilton, Inc., was formed, to work continuously throughout the year. This society is under the management of a Board of Directors, who control the finances, and under whom work an advisory Board of Trustees, a Publicity Committee, a Medical Board, who control things medical and appoint a medical staff; a Woman's Board, who control the relief work of the dispensary, assist the Board of Directors in the collecting of funds, etc.; and the dispensary staff, which began with one nurse and a clerk. The second year the number of nurses was increased to two, with a relief nurse for three afternoons a week, during the summer months, and at present three nurses are engaged in the work.

Daily clinics, omitting Sundays and holidays, are held at the dispensary, at which are present one of the medical staff, two nurses, and clerk. Here new cases are admitted and mothers return for advice in the change of feedings. A complete history of all previous feedings given and of the habits of the baby, etc., is obtained from the mother when the baby is admitted, along with the name, address, nationality, wage-earner's income, by whom referred, and the name of the family physician, if any. The baby is then weighed (entirely undressed, whether sick or well), temperature, pulse, and respiration taken and recorded. The patient is then ready for the doctor, who,

after a thorough examination of the child, prescribes a feeding and gives the mother any other advice necessary. The mother then returns to the nurse, who more fully explains the doctor's orders, and, if it is a bottle-fed infant, makes arrangements with the mother for the demonstration of the feeding during the following morning. We find it a much better method to have the mothers return to the dispensary, if possible, rather than have the nurse go to the home. The mothers can often be shown in groups of two or three, there is no delay in the preparation of utensils, and the nurse's time, necessarily spent in going from home to home, is saved. The mother leaves the dispensary after the demonstration with her baby's food made for twenty-four hours, and provided with everything necessary, such as bottles, corks, nipples, etc., at wholesale rates, or entirely free of charge, if necessary. This method provides individual feedings for each infant, as well as giving greater educational advantages to the mother than that given in the older way of selling prepared formulae.

The following day the visiting nurse goes to the home, and as far as possible sees the mother make the food, sees that the bottles are kept in a proper place, etc., and while doing this incidentally makes a complete social investigation of the conditions of the family, finds out the number in the family and others living in the house, the number of rooms, the rent paid, the church attended, other dispensaries and charitable organizations visited by the members of the family, etc. It is not always possible to secure all this information during the first visit, but this is done as soon as friendly enough relations have been established. Succeeding visits are made by the nurses, perhaps at first every second day, then weekly, then once or twice a month, depending on the condition of the baby and the intelligence of the mother.

Breast-feedings are always encouraged by the doctors, and the number of breast-fed infants in attendance is gradually increasing. These mothers, if the baby is well, return only once in the month for advice and to have the baby weighed. Otherwise, simple whole milk dilutions are ordered, sterilization being used during the summer heat, only certified milk in pints or quarts sent to the home daily. In the outlying districts, various central grocers have kindly consented to allow us to use their stores as depots, where the milk can be left in iced cans, until called for. The mothers are asked to always return on the same day of the week, as the same doctor attends clinic weekly for a term of three months; thus the various doctors keep their clinics intact.

The certified milk and necessary supplies are sold to the mothers at wholesale rates whenever possible. Relief, when necessary, not only of milk and supplies, but also the giving and lending of clothing, baby carriages, blankets, etc., is under the direction of the Women's

Board, and the expense is covered by them. Whenever possible, relief is obtained from church or national society. A record of expectant mothers in attendance is kept, and the visiting nurse makes more frequent calls to their homes, giving necessary advice and assistance with clothing, etc., when needed. To further this pre-natal work, during the winter months classes are held weekly, members of the Women's Board taking charge and giving instruction in the cutting out and making of suitable garments—the material used being sold to the mothers at wholesale rates—short talks on personal hygiene, ventilation, etc., and short practical demonstrations, such as the bathing and dressing of the baby, etc., are given by the nurses. We hope, at a not far distant day, to have a staff large enough to devote one nurse's time entirely to pre-natal work.

About one thousand patients, not including some that for financial reasons have been referred to their family physician, have been admitted to the dispensary since its organization, from one hundred and seventy to two hundred are in active attendance, and the daily clinics vary from ten to thirty during the summer months.

Results of the work of the Guild are best shown in the comparison of the deaths of infants in three years from gastro-intestinal troubles. In 1908, when there was no organization at work supplying clean milk and giving education to the mothers, 57 per cent. of the total deaths were from gastro-intestinal disturbances. In 1909 and 1910, the two summers that the committee were at work, 55 per cent. and 50 per cent., respectively, were gastro-intestinal. In June, 1911, the Guild began working continuously throughout the year, and the percentages of deaths from gastro-intestinal troubles dropped to 28½ per cent. of the total deaths, in 1912 to 25 per cent., and in 1913 to 23½ per cent. These results are encouraging, but we feel that closer co-operation is needed with municipal health and relief departments, with the immigration office, with the hospitals, the churches, and all philanthropic and charitable organizations, and that some sort of clearing-house or confidential exchange is needed before any of the various lines of this educational work can be carried on efficiently and with proper conservation of time and energy.

HOSPITAL SOCIAL SERVICE.

By Jane Grant, Social Service Department, Toronto General Hospital.

A year's experience in attempting to do social service work, in connection with a large public hospital, has but served to show the difficulties into which social workers are liable to fall when taking up a new work, in a new city, under new conditions.

Many nurses over the length and breadth of the Dominion are taking up this new phase of hospital work, meeting with the discour-

agements and failures of so new a venture with brave hearts, realizing that they are the pioneers of the new ideals of hospital responsibilities, and asking of the public a friendly spirit toward their failures or imperfections.

My experience, as worker at the Toronto General Hospital, may lead you to expect advice and instruction which would benefit you personally, but this I feel entirely unable to give, because, though the fundamentals may be the same in every hospital, it is the general aspect of the city charities, whether they are united or divided, that makes the work difficult or easy. For instance, if you are in a city where there is a perfect organization for relief under business management, your relief problem is already solved. Where there is over-relief, you must strive to offset the pauperizing of the people; where there is under-relief, you have to stimulate the public conscience.

In allowing your department to become merely a relief-giving agency, you lose for your work the truer, deeper meaning of social service; you are imposed upon by the people whom you are trying to uplift, and the public sees in you only another alms-giving centre.

By co-operation you can make use of all the agencies already in the field for serving the people financially. To many relief is all that is understood by hospital social service, but to the initiated it is merely the outer shell, and does not touch the soul of the enterprise, which is the assistance given the physician to fill in and round out by prevention, education, and consecutive endeavor, the work begun within the hospital walls, and only completed when your patients are as normal physically as it is humanly possible to make them, in the possession of happiness, which is not necessarily found in wealth or prosperity, but in being able to discharge their duty as citizens towards their own families and to the community at large.

Nurses, I beljeve, can best understand the viewpoint of the physician; therefore, every worker in the department should have nurse's training, supplemented by a social training, such as will be given by the University of Toronto this fall.

You have before you the task of educating your board, your hospital executive, the doctors, and nurses that the social worker is not merely a giver of alms, but a personality going in and out of the hospital and the homes, interpreting the hospital ideals to the people and bringing to the doctors and nurses the simple needs of the people other than medicine and treatment, thus creating a more perfect understanding between the large institution and the humble home, with all its human interest. In my opinion, this can only be done by specializing, as this is the age of specialization, and as the physician finds that to-day he cannot be all things to all men, so the nurse as a social worker cannot do her best except along special lines laid out in the direction where her interests or her qualifications lie. Miss

Cannon, in her book on social work in hospitals, classifies the greatest needs under the following heads: The tuberculous, the convalescent, victims of chronic diseases, unmarried women, the syphilitic, the mentally unbalanced, employment for the handicapped, etc.

Could we have a nurse for each of these subdivisions under a doctor interested in social problems as well as medical ones, the usefulness of such a worker would be unquestioned. In Boston and the larger American cities they have such workers, but we in Canada have to go more slowly, first showing our people the advantages of such a department of personal service.

As an example of specialized work, I will give you a short sketch of the work for crippled children carried on for five years in Cleveland. It began when a band of women decided that a young crippled girl should have a chance to receive some education. A private school was started, but very few pupils could be found to go until a visiting nurse was employed to investigate all cases of cripples not attending school. This led to the more urgent demand of the physical need of these children, and close co-operation between Lakeside Dispensary and Hospital, and the Convalescent Home at Rainbow Cottage, and the Cripple School. At the end of five years the demand was so great in these institutions that new buildings were required, with a daily attendance in the Public School for Cripples of between 80 or 90 children, in addition to the hundreds cured or helped enough to enable them to attend the regular school.

This is specialized work, where you can see results, and unless a worker can see these results her service must become automatic and useless. I would have every worker doing her work in her individual way, work that is personally interesting to her, so will the people receive true service.

ARMY NURSING.

By Georgina Pope, Garrison Hospital, Halifax.

Ever since Miss Nightingale and her little band of heroic women, filled with pity for the sufferings of the sick and wounded in the Crimea, offered to go and "do what they could," England's soldiers have been nursed by "Sisters." These brave women left for the seat of war on October 21st, 1854, and a little later all England rang with their praises and the blessing of many a poor suffering soldier fell upon them. . . When the war was over, they came back, "crowned with laurel," but, alas; having paid their toll to the hardships endured, several of their "roll call" missing, gone to receive their eternal great reward. . Little did they then foresee the great organization that would grow from this "tiny grain of mustard seed." Nearly sixty years have passed away since then, and to-day Q.A.I.M.N. Service cares

for the sick or wounded soldier all over the Empire, both in war and in peace. As I have no doubt most of you know, there is at the head of this service a matron-in-chief, and under her vice-matrons, sisters, staff-nurses, and probationers. (These probationers, in a military sense, only, are "trained nurses.") They are liable to serve at stations throughout the Empire, having five years' foreign service each, not counting "active service"; this gives great opportunity for broadening one's ideas and gaining a vast knowledge of the many sides of life. The matron-in-chief has her room at the War Office, and her staff of assistants, from where, in conjunction with the Director-General of Medical Services, she arranges for the work of her department. At Netley Hospital, of 1,500 beds, there are a matron, vice-matron, some thirty sisters, so many staff nurses, probationers, etc. Each sister, with an assistant staff nurse, has a division of eight wards, of ten beds each, with a nursing and general duty orderly for each ward. Over these orderlies is a staff-orderly, who is an N.C.O. With the sister, he accompanies the medical officer in his rounds, when they receive the daily orders. This staff-orderly belongs to the nursing staff, is trained in nursing, and has under him in each ward a trained private and general duty orderly. Upon joining the Royal Army Medical Corps, the recruit has his choice of becoming a nursing orderly or general duty orderly; these latter do the cleaning, or "pioneer work," as it is called, and are eligible for fatigues, from which the nursing orderly is exempt. The night staff of nursing orderlies go on duty for two months at a time, while the general duty ones take reliefs at night, like the ordinary regimental soldier, once in so many nights. Some of the nursing staff become most efficient nurses, and take responsibility well, so that in the non-sisters' wards, or "orderly's cases," good nursing is assured.

In Canada, where the Permanent Army Medical Corps is a small unit and there are but one matron and four sisters, the men are recruited for general duty and nursing combined, giving the sister great responsibility in serious cases. Halifax, which has a hospital of one hundred beds, has a matron and two sisters, with generally an A.M.C. nurse attached for duty. Kingston and Quebec have small hospitals, with a sister in each.

A trained nurse includes in her curriculum the ability to meet all emergencies, but the "even tenor of her way" in a well-ordered civil hospital does not often offer the chance to develop this ability as does active service or nursing in one of our military hospitals.

In Halifax during the winter months we have a class of Army Medical Corps (Militia), N.C.O.'s taking "courses," which consists of stretcher drills, Fatigues, lectures, and practical work in each department of the corps, including nursing in the wards. Some of these men prove very good material, and occasionally join the permanent

force. In May of each year a course is open to A.M.C. nurses, that is, any trained nurse who has had herself enrolled in the militia list; this course is to qualify her for camp duty or active service, and is invaluable in fitting her for the work to be done there; to learn something of the mysteries of red tape, of how an army is clothed and fed, the system of "diet sheet," of the different ranks of officers and men, of what is due to them and expect from them, so that she will not (as did one of my recruits in South Africa) ask a magnificent-looking sergeant-major, W.O., to do the errand of a private. . . To learn how to write an official letter, to receive lectures on the general administration of the medical service, intermixed with an initiation into the idiosyncracies of Thomas Atkins in sickness and in health, makes an interesting course of study and fits one to feel quite at home if called upon for active service or camp duty, besides rendering these services much more valuable. No one knows what trials the volunteer nurse had to go through in South Africa ere she mastered a little of the red tape. . . I well remember my own first experience at Wynberg, Cape Town, where the patients were in huts of twenty-four beds each. Four huts, containing about eighty patients, were handed over to me the morning after I arrived, two of them in charge of a civil surgeon (who had not absorbed much more red tape than I), and the other two, one of which was filled with Boer prisoners, under an officer R.A.M.C. There was a ward-master for the division, and two orderlies for each hut, all of whose rank or duties were unknown to me. Requisitions for medical and surgical supplies, diet sheets, extras, chits for Red Cross comforts, special summaries, etc., had to be made out, all bewildering me greatly . . . while case after case of sorely-wounded and suffering men had to be dressed or attended to. Between 10 and 12 the P.M.O. and his staff made rounds, a passing general with his A.D.C. came to visit the sick of his division, the field officer came for "complaints," the orderly medical officer came to inspect dinners, until one was lost completely in the maze of a working army. . . . However, after the manner of the kind "Tommy," I was soon instructed. Ward-master, orderly, and patient were equally willing to teach, until in a week or so I had learned the mysteries of the diets and the cook-house, steward's stores, pack stores, medical stores, Red Cross comforts, even Mrs. Dick Chamberlain's library became dear and familiar spots, whilst shouts of "Shun" and bodies of visiting officers, with red staff tabs, ceased to alarm. The camp season in Canada begins in May and lasts into October. All our militia N.C.O.'s have ere this gone back to their own units, and, in addition, we have to send an N.C.O. and private from the permanent corps to each camp; a medical officer and man of the corps has to attend all shooting parties, salute firing, etc., which occasions occur frequently, so that there are times when the hospital is sadly depleted, and we are obliged to ask

for regimental men to carry it on. . . . They, though kind and willing, are not able to take responsibility or carry out treatments. Then the sick from the nearby camps are sent back to hospital, which makes a daily uncertainty of what to expect; though the health of the camps is wonderfully good on the whole. Many of the men are unused to life under canvas, especially in the uncertain climate of the Maritime Provinces, so that tonsilitis, diarrhoea, rheumatism, etc., often assail them, besides accidents of various kinds; thus you see that life for the sister is often made up of the unexpected and routine is an exception. . . In September the A.M.C. sisters begin to take their twelve days' annual course, and during it the permanent sisters generally have their leave, which is a month each year. During the early days of the South African War, before the reservists were sent out, we were very short-handed. After the sad lessons of Graspan, Belmont, the Modder, and Magersfontein, everyone worked very hard early and late. A sister would have on night duty several hundred patients, making complete rounds every two hours to see that the orderlies carried out their duties, and herself care for the most serious cases, with whom a special orderly would be stationed. As these orderlies had done duty during the day, and would be on again next morning, the guard would be changed every two hours to allow them some sleep, so that after coaching one man in his duties on one round, one would more than likely find a stranger in his place on the next visit, good-natured, but very sleepy, "the spirit willing, but the flesh weak," and the sister learned to trust Providence and a wakeful comrade. . . . One is often touched by human kindness here and there in life, but the best instances I have ever found have been in the care of a soldier for a sick comrade. Some men will not know half the men of his regiment, but for those of his own company there is an esprit-de-corps unequalled, and the tenderness shown to their sick or suffering companion is sometimes beautiful to witness. I do not refer to this as called forth by experiences in South Africa only, but to be seen at any time. There is a serious case in our own hospital here, and it never fails to impress me deeply. The oft-abused soldier illustrates the Gospel lesson in a way that would open the eyes of those ready to abuse him, while the many times they give a day's pay for the widow and orphans of a dead comrade is most touching. . . .

To go back to the red tape of the service, it is inevitable. . . . One sees this as one learns that things must go through proper channels to come out right in the end. Kipling sums it up well in his account of a Field Day in India, given in honor of some visiting magnates, who were delighted and impressed, and wanted to know how it was done. "There was an order, and it was obeyed," was the Viceroy's answer. Responsibility of a general officer commanding is subdivided until it comes down to each detail—we are all details of a unit

—if each detail does his duty it all falls into an organized whole, and so success in each department is assured. . . Sometimes red tape is funny as well as irksome. Asking a patient one day if he had a certain disease, which seemed evident, he gravely replied: "No, sister, that is not a regimental disease, I can't have it." . . . I was much amused, and found later that the military nomenclature gave it another title, for instance, gastritis would be put down under "inflammation of the stomach," to bring all the inflammations under one head. . . Then occasionally one is "held up" by red tape, like poor Queen Marie Antoinette waiting shivering for her chemise while her ladies were squabbling over their precedence in giving it to her. . . .

A soldier's privilege is to grouch. . . . He enjoys it as some persons "enjoy bad health." . . . But many a Tommy leaves the service after his time with the colors is expired, only to come back after a short experience of free life, or, as he puts it, "takes on again." He is used to discipline and obedience, and he likes it, with the privilege of grouching thrown in. And he always respects most the officer who is strict and upholds authority. The success of the Jesuit Order is no doubt largely due to the fact that St. Ignatius had been, before becoming a religious and a saint, a strict officer.

I have been a nurse for nearly thirty years, half of which time has been spent in the various experiences of New York and Washington hospitals, and the rest in military service; and while I owe allegiance to my Alma Mater, old Bellevue, who is the mother of training schools in America, I owe my first desire thus to serve my fellow-creatures to the heroic example of Miss Nightingale of glorious memery, but I owe perhaps the greatest happiness I have found in the profession to the "thank you, sister," of the grateful soldier. . . .

"DENTAL NURSING."

By Jessie B. Mathieson, R.N., Toronto.

The year 1872 marks the first step towards caring for the teeth of school children. Dr. J. G. Adams, a philanthropic gentleman, and his wife, feeling called upon to do some missionary work, came to Toronto and busied themselves among the poor people. From experience, personal observation, and investigation, the doctor discovered the unhealthy and neglected condition of childrens' mouths. In this work he saw what his mission was, and set forth with energy and the best of intentions.

He had his private office on the corner of Yonge and Elm streets, and a Dental Hospital was established on the corner of Elm and Terauley streets, the district now known as the Ward. The doctor set about examining the mouths of children in several city schools, including Boys' and Girls' Industrial Schools, Rescue Home School, Newsboys'

School, Bethany School, and the Creche. He visited these schools twice a year, and arranged for the children to be sent to the hospital for treatment, where he employed at times seven and eight operators. The amount of aid he gave gratuitously was enormous.

Dr. Adams did his utmost to get a Municipal Clinic established, but failed and was laughed at from different sources. It took forty years for the public to realize the great necessity of keeping children's mouths clean, in order to keep the teeth from decay.

The next step in this direction was taken by the school nurses in Toronto, who collected subscriptions among themselves and presented a dental chair to the Earlscourt school. It was not in operation until later, when a system of dentistry was instituted in several schools and a staff appointed. Before this, however, through a grant from the City Council, the Board of Health was enabled to establish a Municipal Clinic on the corner of Yonge and Grenville streets. The three chairs and supplementary equipment, with which it is so efficiently fitted, have been supplied by two or three of Toronto's generous citizens, and some of our leading dentists who are interested in the welfare of its poor children. The city is responsible for other necessary furnishings and the salaries of its staff of six dentists.

Friday, being extraction day, is one of our busiest days. Only children whose parents are financially unable to meet the expense entailed, are admitted to the clinic. The number of these is decided by the school nurse through her home visitation. At the beginning of each week the number of patients which the clinic can accommodate on the following Friday is sent to the superintendent of school nurses, who selects the school from which these patients shall come. The school nurse gives them a red card, which is sufficient to admit them for free treatment at the clinic. Some Fridays we have forty or more children. In some cases only extractions are necessary, but the majority of them have to return for treatment and fillings. This further treatment necessitates appointment, which occupies the full time of the clinic staff during the following week.

After each case has received full treatment, this card, which has been retained at the clinic, is stamped "Completed," and is returned to the school nurse by the child. The children on the whole are well behaved, and are quite proud when their teeth are completed.

The nurses' duties at the clinic are similar to that of the unsterile nurse in an operating room. The operating trays, being porcelain, are sterilized in a tank of formaldehyde, and are changed after each patient. The aluminum cups which are used at the chairs are changed and boiled after each operation, the same as the instruments. The nurse is responsible for the renewal of supplies in the cabinets and assists with anaesthesia cases. The anaesthetic used almost exclusively is "somnoform," the bag and inhaler being carefully sterilized after

each case. The following is the total amount of work done in the month of May:

Teeth extracted	927
" treated	539
" filled	704
Somnoform cases	40
Local anesthesia cases	78
Emergency, or toothache	131
Patients completed	240

A large percentage of the teeth extracted are temporary or deciduous teeth. At almost the age of four, the roots of the deciduous teeth, by absorption, gradually become shorter, causing the teeth to loosen, and at about seven years of age, the first ones of this set are shed and replaced by permanent teeth. A period of about four years is required for the shedding of the deciduous teeth, and the eruption of the corresponding permanent teeth, so that the last of the deciduous teeth are not replaced until the child is eleven years of age. However, at the age of six, before any of the deciduous teeth have been shed, a large grinder appears behind the second first molar. This is the first permanent molar, and if it is lost, it will never be replaced. The first permanent molar is the largest tooth in either set; it has the longest period of usefulness, and, being the most valuable of all, its preservation is very essential. The extraction of no other tooth is liable to interfere so greatly with mastication or to produce so many evils. When we remember that it is situated in that part of the jaw where the greatest extent of growth should take place, we can understand how its early extraction may interrupt a proper development of the jaw and cause irregularity in the permanent teeth. In fact, the loss of the first permanent molar is one of the most frequent causes of irregularity in the permanent arch. The fact that parents do not know that this is a permanent tooth, makes its preservation one of the most difficult problems in dental work.

A large number of the children coming to the clinic, after they have reached the age of eight years, have to lose two or more of these teeth, simply because they have not kept them brushed, and the decaying food around them has formed acids and gas, which destroys the enamel. Then a cavity is formed, from which more acid exudes from the decomposing food therein. These cups of decomposing food are regular hotbeds for germs of many diseases, and the victims are actually mixing the decomposing mass with all the food and drink they take. It is a well-known fact that the great majority of communicable diseases enter the system through the mouth and nose. If these orifices are in a healthy condition, the germ that would develop into disease is detained and destroyed by the healthy body forces. On the other hand,

if these orifices are giving off effluvia from decomposition within, the germs at once develop into myriads.

Measles, scarlet fever, and mumps all gain entrance by the mouth and nose, and from these cavities, invade the blood, stream through the tonsils and adenoids or unhealthy spaces adjacent to the mouth, which have become saturated with decomposing products. The eruptions of these diseases can be seen in the mouth and throat many hours before the systemic saturation has become sufficient to show elsewhere. For this reason, it is imperative that the mouths and throats of school children be periodically examined if any degree of perfection is to be obtained in the control of contagious diseases.

Good teeth are essential to good mastication, while without them the general health cannot be maintained in its highest possible degree. That this truth is rapidly becoming more and more appreciated by the general public, is evidenced by the rapid advance of dentistry as an art science during the recent years, and the great benefit resulting therefrom to the health of the present generation and to the generations yet unborn.

This short review gives certain proof of the necessity for unlimited expenditure by the "board of health" among the poor children of our city schools; does it not mean the preservation of the general health of our future population and the making of good citizens? For the citizen of to-morrow, we must begin with the child of to-day.

WELFARE WORK IN FACTORY LIFE.

By Frances E. Rankin, London, Ont.

"Welfare" has been defined as "anything supplied by employers for the welfare of employees, that they are not compelled by law or expected by common custom, to provide."

Every field of welfare activity must have its own special conditions and circumstances, which will call for corresponding differences in the methods used in the endeavor to promote the objects that are the reason of Welfare.

Instead of undertaking any general discussion of the subject, I shall confine myself to a brief review of the field, and the efforts to meet the needs found in it, presented by the McClary Manufacturing Company's works in London, Ont., which has been the sphere of my own experience in Welfare work.

McClary employees in London number 1,300 or thereabouts, men and women and boys and girls of statutory age; many, if not most, of the men being married and having families. This goes to swell the number of those coming within the range of Welfare work. As these men and women are all (with the exception of that small, casual number, coming and going, always found in large concerns) in steady

employment and receipt of wages, it will be apparent at once that the ideas of pauperism and charity are excluded from Welfare work, as known here. Still, it must be remembered that many of these could not be described otherwise than as poor, and some of them are very poor.

The efforts of the Welfare department of the company's works are directed to promoting the comfort and convenience of employees, so that work may be done without anything in surroundings or conditions unnecessarily trying or detrimental to those who do it; that all available time for rest and recreation, such as the noon-hour affords, may be made restful and pleasant, even profitable; to promote frequent opportunities for social gatherings among employees; and to provide occasional entertainments, musical and other kinds, without anything more than actual cost to those enjoying them.

And beyond these is the help to intellectual self-culture afforded by a library of standard works of fiction and more substantial works, including technical books on subjects, many of them pertinent to work carried on in the industry. As to the use of the library provided, books being lent for 1 cent for two weeks, that is, and always will be, a matter subject to the taste and discretion of those to whom the opportunity offers; and the oversight and care of the health of this little army of workers; and, lastly, though often of prime importance to those concerned, is the provision to assist materially those who, through some unlooked-for adversity, are for the time being placed in such a position that, without such assistance, they would be either pushed to the wall or burdened with a debt that, though it might be small in itself, would be disastrous in proportion to the ability to meet it.

I shall attempt to describe briefly the means available, and efforts made, to carry out these objects.

As to comfort and convenience of employees: Regulations as to space, lighting, ventilation, and sanitary conveniences of workshops are subject to statutory enactment; still, it is quite possible to comply wih the literal terms of the law, and yet have workshops neither comfortable, convenient, nor sanitary; but the McClary shops, which were built before Welfare was born, seem to have been designed with a view to attaining the object, rather than merely complying with the letter of the law, and are conceded by workmen, inspectors, and visitors competent to judge, to be convenient, comfortable, and sanitary. And while this has no formal connection with Welfare, it illustrates the sentiment that is assumed to underlie the idea of it.

It will be necessary only to name such things provided by the company as sanitary drinking fountains, cloak rooms, lockers throughout the works for clothes, bathroom for women, where a bath may be had at the nominal cost of five cents; shower bath free for the

men working in the enamel rooms, where the heat is unavoidably great; the general attention to the cleanliness of the work, and all other rooms; and care to see that each individual has his own rights and respects those of others.

I shall, however, speak a little more at length of the dining room and cafe, which are distinctive Welfare features, provided by the company. The dining room is a large, clean, airy, well-lighted room, which in winter is also well heated, provided with tables and benches sufficient to accommodate the hundreds of men who gather there at the dinner hour; I might say also that this room is supplied with the daily papers and magazines and a piano. The men mostly bring their dinners with them, which they supplement from the bill of fare of the cafe, which, though plainly served, is prepared with all the care and skill of much more pretentious restaurants, and at a price as near as possible to actual cost; and what they bring, with what they can get at the cafe, makes a substantial hot dinner, eaten in comfort and under pleasant surroundings, and costing practically no more than it would at home, as may be seen from the following regular bill of fare:

Bill of Fare.

Fruits in season.

Soup (hot)	3 cents.
Sandwiches	3 "
Egg sandwiches	5 "
Pork and beans (hot)	3 "
Tea, with milk and sugar	1 "
Coffee, with milk and sugar	1 "
Milk	2 "
Hot Oxo	3 "
Bread and butter	1 "
Pie	4 "

The aim of the Welfare is, by careful buying and management, to make the cafe self-supporting, which has not yet been accomplished, the end of each year showing a deficit, the last between the two cafes (factory and foundry being located in different parts of the city), amounting to five hundred dollars, which the company met, the cafe account being kept separate from the general Welfare account.

The Welfare, whose aim is, being once set on its feet, to make itself self-supporting, has only, as its regular source of income, the sale of advertising space on the dining room walls, the gum slots stationed in the dining rooms, and the revenue from the renting of umbrellas, and from the loaning of books from the library; besides these, such things as fortune may put in its way, as, any surplus

which may be realized from amusements, such as dances and concerts, or the nice little sum of $47 made on discounts on the price of maple sugar and syrup that it had the chance to get from Quebec this spring, and sell to McClary people at wholesale invoice price. In addition to these, there are many donations received of money, provisions, clothing, furniture, bedding, toys, flowers—anything, in fact, that has a turn of usefulness, amusement, or beauty left in it.

To return for a moment to the dining room. During the noon-hour the men have frequent opportunities of hearing speakers who have knowledge or ideas to impart on many varying subjects, as well as having frequently concerts kindly provided by outside organizations, or furnished by the musical talent of McClary's; and, besides these, they have different games, including carpetball, and in this way is rest and recreation made a part of the noon-hour interval.

The women and girls also have their own dining room, with a rest room, and their own piano, reading matter, and amusements; and another convenience, as well as being a source of income, is the "Welfare umbrellas," that are rented on rainy days to those needing them for the sum of one cent.

As to social gatherings, it will only be necessary to say that they are of such a nature that young women and men, and the men and women also who, though no longer young, can for a time forget their more mature years, everywhere find pleasure in.

The company also provides savings bank facilities for its employees, receiving on deposit any amount from 25 cents up, upon which interest at 4 per cent. is allowed, the only condition being that it cannot be drawn before the 15th of December, which makes the amount saved available at the time when it is usually most needed. The savings last year amounted to nearly $25,000.

And last year the Welfare was able to supply 650 tons of coal to employees at cost.

We come now to consider the subject of health, from the Welfare point of view, so I need say nothing of the work of the two medical men always employed by the Benefit Society of the works.

The company have small emergency hospitals (I might say here that Welfare work is identical at both factory and foundry), fully equipped to give the needed first attention to all accidents which among so many men, with so much machinery, are inevitable, and where minor operations are performed, most of the accidents being minor injuries. We have, as well, "first aid" men in all departments of the works.

The company provides the services of the nurse, whose duty it is to have a watchful eye upon all employees for any signs that are so often early apparent, of the need of nursing, of medical treatment, as, for instance, the cough, or lack of nutrition that, neglected, might

mean tuberculosis; to visit the sick employees and members of their families, in their homes or hospital, and to advise in the homes and instruct as to the management of the sick. Such calls for last year numbered 1,292.

The nurse also receives and attends in the company's hospitals to those minor ailments that among 1,300 people are many, and yet that would never be brought to the attention of the doctor, of which consultations there were last year 1,189, and these, with the surgical dressings, numbering last year 641, show, for the most part, the range of the nurse's professional duties.

The subject of material assistance alone remains to be considered.

Charity is a word not used in Welfare, but sympathy and co-operation are sought and cultivated, with the result that where money is required to relieve actual need it has always been available, beside the help from other donations; and, as the rule is *to help, not to carry*, money is only *given* in extreme cases, while loans are frequently made by the Benefit Association, which is altogether separate from the Welfare, to be repaid in weekly instalments from 25 cents up, kept out of the borrower's wages. As these loans are always made subject to investigation and report of the nurse, and sometimes to her supervision in application, they are in immediate co-operation with Welfare and its aims, though belonging to an independent organization. In this way, many have been tided over an urgent pinch, and kept out of debt, without loss of self-respect, and been enabled to go on comfortably, who otherwise would have been discouraged, stranded, and wrecked.

I need hardly say that winter is the time that tries Welfare resources. A small thing that has relieved no little worry and trouble is a bundle of towels and bed linen, that is loaned in cases of sickness, to be always returned laundered.

In closing, I may mention the efforts that are always in season —to cheer, encourage, and brighten home and life. A never-failing and special opportunity is afforded such efforts in providing "Christmas cheer," and filling stockings in the homes that otherwise might find the season little in accord with the usual sentiment of it.

Time and space, in which I am afraid I have already trespassed, make it possible to touch only the outstanding points of this work; but from the foregoing it will be seen that Welfare has to do mostly with the lesser evils and problems of life—burdensome, worrying, and perplexing enough, no doubt, to those who have them—and many of them having in themselves the vitality and elemental qualities of growth and development to become calamities, or even life's tragedies; and the aim of Welfare is to smooth, lighten, ameliorate, and avert.

INSURANCE NURSING.

Report of the Canadian Branch Metropolitan Life Insurance Company —Dr. Lee K. Frankel, Sixth Vice-President*

Ladies:

It is with great pleasure that I accept your invitation to present to you at your fourth annual meeting a short account of the work which the Metropolitan Life Insurance Company has done in the Dominion of Canada in connection with the visiting nurse service, which it has for some years extended to its industrial policyholders.

In order that you may fully understand the purpose of such nursing service, let me say that the company has at the present moment approximately ten millions of industrial policies on the lives of working men, women, and children. Of this large number, approximately 614,093 policies are in force in the Dominion of Canada.

A large percentage of the group included in our industrial policyholders has little opportunity of coming in contact with the more advanced and modern thought regarding personal health and personal hygiene. Similarly, but little effort has been made until now to place the benefit of a nursing service at the disposal of the working class. It is financially out of the question for the average workingman to pay for the services of a skilled private nurse. Even to obtain the services of a visiting nurse it is frequently very difficult from the financial point of view, if service of this kind must be continued for a comparatively large period of time.

The opportunity is given to the individual who carries a policy with the Metropolitan Life Insurance Company to obtain a visiting nurse service without any additional cost. This is the value of an insurance scheme. The premiums which the policyholder pays are applied to the payment of the nursing service. This service is in no way a charity. Precisely as death claims are paid, nursing service is given to policyholders by reason of the fact that they are insured.

The visiting nurse service was organized by the company in 1909 in the City of New York. The service began as an experiment. It gradually extended, so that at present it practically covers all large cities and towns in the United States and Canada. It is gratifying to report that the Canadian service was begun as early as 1910 in the City of Montreal. I find, on looking up the records, that this city was the fifteenth service which was opened by us. As in the United States, the service has gradually been extended to include all of the more important points in Canada.

Wherever possible, we have attempted to conduct the nursing service through so-called visiting nurse associations. In general, this has been a comparatively simple matter in Canada, for the reason that

*Read by Miss Johnston, Inspector of Metropolitan Nurses in Canada.

the Victorian Order of Nurses has extended its field of operation quite generally, and wherever branches of the order have been established we are utilizing the services of this association to carry on our work. Ordinarily, arrangements are made with the branches of the order under which a fee is paid for each visit made to our policyholders. Where there are no branches of the Victorian Order, it has been necessary for us to engage our own nurses. These are employed by us in the larger cities, such as Toronto, on a salary basis, and in smaller cities in which we have a limited number of policyholders, our nurses are engaged likewise on a fee basis. In Montreal and Quebec, we cooperate with the Sisters of Hope who nurse our French policyholders.

At the present moment we have services in eighty-four cities and towns in Canada, covering 447,993 policies in force. From time to time this service is being extended. It is quite difficult for us to organize a service in smaller communities where we have a limited number of policyholders, owing to the fact that we cannot secure nurses to whom we can offer a sufficiently attractive remuneration. The amounts which they are able to earn on a fee basis are small, and unless they can supplement our work by private hourly nursing it is impossible for them to make a living. We have found, however, in our experience, that the suggestion of hourly nursing has, in a number of instances, been productive of good results. Nurses both in the United States and Canada advise us that there are many individuals, not policyholders of the company, who are unable to engage a nurse by the week, but who can use the services of the nurse by the hour. These nurses inform us that through recommendations of physicians, etc., they have been successful in building up quite a clientele and have found hourly nursing possible and remunerative.

As indicated above, the service we give is a visiting nurse service only. It is extended to men, women and children, and includes, so far as it has been possible for us to develop it, most phases of visiting nurse service.

For a number of years we have given considerable thought and attention to the question of maternity service, and I am glad to report that we have now made this general in its application to policyholders whose policies have been at least one year in force. We are keeping careful statistical records of our work to determine to what class of cases we can offer service. As a result of five years' experience, we have arrived at the conclusion that the service should be primarily for acute diseases. While in certain instances a limited service can be given to chronic cases, we believe it best that the service should be primarily for acute conditions, in which there is a strong likelihood that through the ministrations of the nurse the patient will be fully restored to health.

It may be mentioned here that from time to time both criticisms and complaints have reached us from nurses both in the United States

and Canada of the rather exacting requirements which we make regarding the reporting of cases and the keeping of records and statistical cards. It is possible that at the beginning this reporting was found arduous. At the present time we believe we may safely state that most nurses agree with us as to the desirability of requiring accuracy and thoroughness on the part of the nurses in reporting the treatments which they have given and in following the statistical requirements which we have laid down. In fact, in a number of instances, we have been congratulated and complimented for insisting that nurses follow the procedure which we have developed. It is stated by well trained nurses that our methods have been of great value to nurses as a means of educating them in accuracy of detail and care in presenting and preparing reports. It should be explained here, that our purpose in requiring such details for statistical data is not a selfish one. Both the United States and Canada are still behind European countries in tabulating morbidity statistics. It is our hope that the data which we are now assembling may be a basis for the future collection of morbidity and sickness statistics in both of the above-mentioned countries.

It has been our desire, as stated above, to give a general nursing service for acute diseases. I am strongly of the impression that there is no class of case which lends itself so well to the service of the visiting nurse as the contagious disease. Visiting nursing for this class of disease, however, has not as yet been fully developed. This is primarily due to the fact that it is the impression of the nursing fraternity that the same nurse cannot handle general and contagious diseases at the same time. The finances of the average visiting nurse association do not permit of separate nurses to look after both classes of disease excepting in large cities. As a general statement, it may be said here that we are very desirous of giving service to contagious disease cases if a proper and safe method of procedure can be developed.

At the beginning of the service we made the experiment of ascertaining whether it was desirable to give the visiting nurse service through non-graduate nurses or whether the service of the graduate nurse could be supplemented by visits from so-called practical nurses or attendants. Five years of trial have convinced us that such a method is undesirable. The function of the visiting nurse is more than to give care during illness. If she is to fully realize her opportunities, she must be a woman of broad social training and at the same time be thoroughly skilled in the details and practice of her profession. To our minds a large part of the work of the visiting nurse is educational. She must be competent to educate the people whom she visits in sanitation and hygiene. She must have the force of character to instill in them the desire to preserve their health and to carry out the directions which she may give them to prevent sickness so far as this

is possible. The nurse, competent to do this, must have had the best of training in hospitals and in nursing schools. She should have a social vision. The average practical nurse, however good may be her intentions, generally falls short of the mark to meet the requirements mentioned above.

APPENDIX TO DR. FRANKEL'S PAPER.

This paper will be read by Miss Matilda Johnson, formerly the superintendent of the nurses of the Cleveland Visiting Nurse Association. Miss Johnson has recently become connected with the Metropolitan Life Insurance Company. She will spend several weeks in Canada visiting the various cities in which we have instituted the visiting nurse service, for the purpose of ascertaining whether we can cooperate even more thoroughly than we have heretofore in the work of the visiting nurse associations and individual nurses who are carrying on the Metropolitan work in the Dominion. It is with a feeling of the greatest satisfaction that we record here our sense of pleasure at the delightful reception which has been accorded us practically everywhere in Canada, and I am taking this rather unusual method of introducing Miss Johnson to you in the hope that her conferences with you and other representatives of the nursing profession in Canada during the next few weeks may result in an even better service, if that is possible, being given to the thousands of Canadians who are our policyholders.

REPORT OF PUBLIC HEALTH NURSES' COMMITTEE

The committee arranged for at last year's annual meeting to report upon the advisability of forming an association of Public Health and Social Service Nurses must report difficulties met with rather than work done.

The appointment of the committee was left to the convener, who had very slight personal knowledge of the nurses outside of Ontario. The attempt to secure an active representative for each province was moderately successful, and the committee is as follows:

Convener—Miss Eunice H. Dyke;
Miss M. G. Morrison, Truro, N.S.;
Sister Morrisey, R.N., Montreal, Quebec;
Miss E. B. Orford, Sherbrooke, Quebec;
Miss Helen Smith, Hamilton, Ontario;
Miss K. A. Cotter, Winnipeg, Manitoba;
Miss E. Hall, formerly of Vancouver, B.C.;
Miss E. C. Breeze, Vancouver, B.C.

Inquiries sent to England and New Zealand brought the inform-

ation that neither country had yet succeeded in forming an association whose membership could include all types of Public Health and Social Service Nursing. The American Public Health Nurses' Association last year considered their organization still in process of formation.

A request for suggestions as to procedure sent in October, 1913, to the committee brought a reply from the President only. A request in "The Canadian Nurse" for suggestions for the committee met with the same result. Your convener sent a questionaire to each member of the committee and to Saskatoon, Saskatchewan, and received returns from Nova Scotia, Quebec, Ontario, Manitoba, and British Columbia. The following is a summary of these returns:

BRITISH COLUMBIA

Reported by Miss E. Hall and Miss E. C. Breeze

Organizations	Work Done	Graduate.	Non. Grad	By Whom Employed
BURNABY—				
Victorian Order	Visiting Nursing and Relief	2		Victorian Order
NEW WESTMINSTER—				
Victorian Order	Visiting Nursing	1		Victorian Order
Medical Inspection of Schools	School Inspection, Home Instruction, Social Service	1		Board of Education.
STEVENSON—				
Victorian Order	Visiting Nursing, Pre-Natal, Child Welfare, Relief	1		Victorian Order
VANCOUVER—				
Anti-Tuberculosis Association	Visiting Nursing, Clinic and Relief	1		Anti-Tuberculosis Asso.
Associated Charities	Social and Relief Work	2		City and Victorian Order
Day Nursery	Institution	1		Private Philanthropy
Medical Inspection of Public Schools	School Inspection, Home Instruction, Dental Clinic	4		Board of Education
Van. General Hosp.	Social Service.	1		Women's Auxiliary
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Insurance	7		Victorian Order
NORTH VANCOUVER—				
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Indian Reserve	2		Victorian Order
SOUTH VANCOUVER—				
Medical Inspection of Schools	School Inspection, Home Instruction	1		Board of Education
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Relief	3		Victorian Order
VICTORIA—				
Medical Inspection of Schools	School Inspection, Home Instruction	1		Board of Education
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Relief	2		Victorian Order
BRITISH COLUMBIA—				
Provincial Board of Health	Organizing Rural School Inspection	1		Provincial Board of Health

MANITOBA

Reported by Miss K. A. Cotter

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
BRANDON—District Nurse—No definite report.				
WINNIPEG—				
All Peoples' Mission	Fresh Air Camp for Two Months during Summer	1		Methodist Church

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
Bureau of Child Hygiene	Visiting Sick Babies, Instructing Mothers and Expectant Mothers, Milk Depot for Modified Milk for Babies	1		City of Winnipeg
T. Eaton Co., Ltd.	Visiting Nursing and Welfare Work among Employes	2	1	T. Eaton Co., Ltd.
King Edward Settlement	Settlement Work	1		Church of England
Margaret Scott Nursing Mission	Visiting Nursing, Instruction in Child Hygiene	9		Private Philanthropy
Medical Inspection of Public Schools	Routine Inspection, Home Instruction	4		Board of Education
Metropolitan Life Insurance Co.	Visiting Nursing		1	Insurance Company.
Social Service Department of Children's Hospital	Social Service Work in connection with Outdoor Department	1		Hospital
Social Service Department of General Hospital	Social Service Work in connection with Out-Door Department	1		Hospital
Tuberculosis Nurses	Visiting Nursing, Instruction and Clinic Work at General Hospital.	1	1	City of Winnipeg
Victorian Order	Visiting Nursing	6		Victorian Order

NOVA SCOTIA

Reported by Miss M. G. Morrison

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
CANSO—				
Victorian Order	Visiting Nursing and Insurance Work	1		Victorian Order
Anti-Tuberculosis League	Tuberculosis Visiting	1		Halifax County Anti-Tuberculosis League.
Medical Inspection of Schools	School Inspection, Home Visiting	1		Board of Education
Victorian Order	Visiting Nursing, Milk Station, Insurance Nursing	6		Victorian Order
NEW GLASGOW—				
Trenton, Westville and Stellarton				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
AMHERST—				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
SPRING HILL—				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
TRURO—				
Metropolitan Life	Visiting and Insurance			
Victorian Order	Nursing	1		Victorian Order
SYDNEY—				
Victorian Order	Visiting and Insurance Nursing	2		Victorian Order
YARMOUTH—				
Victorian Order	Visiting Nursing	1		Victorian Order

ONTARIO

Reported by Miss Helen W. Smith

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
ALMONTE DISTRICT—				
Victorian Order	Visiting Nursing	2		Victorian Order
ARNPRIOR—				
Victorian Order	Visiting Nursing	1		Victorian Order
BERLIN—				
Victorian Order	Visiting Nursing	2		Victorian Order
BOBCAYGEON—				
Victorian Order	Visiting Nursing	1		Victorian Order
BRANTFORD—				
Victorian Order	Visiting Nursing	2		Victorian Order
BROCKVILLE—				
Victorian Order	Visiting Nursing	1		Victorian Order
COBALT—				
Victorian Order	Visiting Nursing	1		Victorian Order
COPPER CLIFF—				
Victorian Order	Visiting Nursing	1		Victorian Order
DUNDAS—				
Victorian Order	Visiting Nursing	1		Victorian Order

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
FORT WILLIAM—				
Municipal	School Inspection during the Mornings. Public Health in the Afternoon. Instruction in Child Hygiene	1		Board of Education and Board of Health
GALT—				
Victorian Order	Visiting Nursing	1		Victorian Order
GRAVENHURST—				
Victorian Order	Visiting Nursing	1		Victorian Order
HAMILTON—				
Babies' Dispensary Guild	Infant Welfare with Daily Clinics, Relief	3		Babies' Dispensary Guild
International Harvester Co.	Factory Inspection and Visiting Nursing for Employes	1		International Harvester Co.
Medical Inspection of Schools	School Inspection	3		Board of Education
Public Health Asso.	Tuberculosis Visiting with Clinics, Relief	1	1	Public Health Association
Victorian Order	Visiting Nursing	4		Victorian Order
HAWKSBURY—				
Victorian Order	Visiting Nursing	1		Victorian Order
HESPELER—				
Victorian Order	Visiting Nursing	1		Victorian Order
KINGSTON—				
Medical Inspection of Schools	School Inspection	1		Board of Education
Victorian Order	Visiting Nursing	1		Victorian Order
LONDON—				
Department of Public Health	Tuberculosis Visiting Nursing, Relief	1		Department of Health
Victorian Order	Visiting Nursing	3		Victorian Order
NIAGARA FALLS—				
Municipal	School Inspection and Home Visiting	1		Municipality
NORTH BAY—				
Victorian Order	Visiting Nursing	2		Victorian Order
OTTAWA—				
Anti-Tuberculosis Association	Dispensary and Home Visiting	1		Anti-Tuberculosis Asso.
Infant Milk Station	Dispensary and Home Visiting	5		Board of Health
Medical Inspection of Schools	School Inspection and Home Instruction	2		Board of Education
Victorian Order	Visiting Nursing	6		Victorian Order
PETERBOROUGH—				
Medical Inspection of Schools	School Inspection	1		Board of Education
Peterborough Health Asso.	Tuberculosis and General District Visiting	2		Peterborough Health Asso.
PRESTON—				
Victorian Order	Visiting Nursing	1		Victorian Order
ST. CATHARINES—				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
SARNIA—				
Board of Health	District Nursing	1		City Council
STRATFORD—				
Medical Inspection of Schools	School Inspection for Four Months of Year	1		Board of Education
TORONTO—				
Beverley Street Mission	Visiting Nursing	Nurses in Training		Private Philanthropy. Fees from Patients. City Grant
Department of Public Health	Health Instruction and Inspection. Tuberculosis and Infant Welfare Nursing	21 permanent 14 summer		Department of Public Health
Evangelia Settlem't	Visiting Nursing	3		Private Philanthropy
Fred Victor Mission	Visiting Nursing		2	Endowment
Jewish Mission	Visiting Nursing		2	Presbyterian Church of Canada
Medical Inspection of Schools	School Inspection, Home Visiting, Relief	37		Board of Education
Met. Life Ins. Co.	Insurance Nursing	4		Insurance Co.
Memorial Institute	Visiting Nursing		1	Private Philanthropy
National Sanitarium Asso.	Tuberculosis Visiting, Social Service	1		Private Philanthropy
Nursing at Home Mission	Visiting Nursing	16 nurses in training		Private Philanthropy. Fees from Patients. City Grant
St. Christopher's House	Visiting Nursing	1		Presbyterian Church of Canada
St. Elizabeth Visiting Nursing Asso.	Visiting Nursing	6		Private Philanthropy
Social Service Department, Toronto General Hospital	Social Service for Hospital patients and ex-patients	3		Hospital Social Service Board and Golden Rule Guild
Victorian Order	Visiting Nursing	15		Victorian Order

QUEBEC

Reported by Miss Elizabeth Orford

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
GASPE—				
Victorian Order	Visiting and Continuous Nursing	1		Victorian Order
GRANDMERE—				
Victorian Order	Visiting and Insurance Nursing	2		Victorian Order
HULL—				
Victorian Order	Visiting and Insurance Nursing	1		Victorian Order
LACHINE—				
Victorian Order	Visiting and Insurance Nursing	1		Victorian Order
GREATER MONTREAL—				
Victorian Order	Visiting and Insurance Nursing in Six Districts, Nursing Incurables in Old People's Home, Tubercular Class Work in Emmanuel Church, School Nursing for Protestant Board of Education, Dispensary Work for Montreal Dispensary, Milk Station Work for University Settlement, Social Service Work for Hospital and Bell Telephone Co.	71		Victorian Order
ST. AGATHE DE MONT—				
Victorian Order	General Tuberculosis and Insurance Visiting Nursing	2	2	Victorian Order
ST. ANNE DE BELLEVUE—				
Victorian Order	Visiting and Insurance Nursing, Milk Station Work	1		Victorian Order
ST. JEAN—				
Victorian Order	Visiting and Insurance Nursing	4		Victorian Order
SHERBROOKE—				
Victorian Order	Visiting and Insurance, Child Welfare, School Nursing	1		Victorian Order
WESTMOUNT—				
Victorian Order	Visiting and Insurance Nursing	1		Victorian Order

The following extract from a letter from the Ontario member of the committee indicates the difficulty in securing reliable information:

"Enclosed please find data re public health nursing for Ontario. I am sorry that the information is so incomplete, especially in regard to your own city, but I simply got no reply to my letter of inquiry in the greater number of cases. Your own department I left blank, in spite of Miss Foy's letter, for I knew you had made some changes in your work since date of writing.

"Collingwood, Ingersoll, Sault Ste. Marie, Simcoe, and Woodstock report no public health work of any kind being done.

"Letters to the Medical Officer of Health of Brantford, Belleville, Brockville, Barrie, Chatham, Cobourg, Dundas, Guelph, Hespeler, Goderich, Napanee, Owen Sound, Paris, Petrolia, Port Hope, Port Arthur, Picton, Rainy River, St. Mary's, Sudbury, Windsor, Whitby, Welland, Wingham, Waterloo, Berlin, and St. Thomas, bring no reply.

"Factory Nursing is said to be carried on by the Cordage Company, of Welland, and by the McClary Company, of London, but even a second letter to each of these firms received no reply, so that no authen-

tie report of their work can be given, for which I am sorry.

"It does seem that more interest should be shown in public health nursing generally before an active association could be formed, and very probably a standing committee being formed, as is suggested in recommendation three, will soon direct the attention of the various workers and result in something broader when the time is ripe for it."

The business of the committee has necessarily been carried on by correspondence, although it has been possible for the convener to discuss the situation with Miss Smith, of Hamilton, Ontario; Miss Breeze, of Vancouver, B.C., and the President of the Association. A meeting of the committee was held July 9th, 1914, in Halifax, with the following members present:

Miss E. C. Breeze, Vancouver;
Miss K. A. Cotter, Winnipeg;
Miss K. Madden, Hamilton, representing Miss Helen W. Smith;
Miss E. H. Dyke, Toronto, Convener;
Miss Mary MacKenzie, President of the Association.

Three recommendations which might be presented to you to-day were forwarded to the committee previous to the convention with the request that they should endorse one or more further recommendations. Replies were received from two of the committee, these two endorsing the third recommendation, which was later adopted with slight modifications by the committee at its meeting in Halifax.

EUNICE H. DYKE, Convener.

The recommendation, therefore, which your committee begs to present, is as follows:

"That a standing Committee on Public Health and Social Service shall be formed by the Canadian National Association of Trained Nurses; that this committee shall consist of a convener appointed by the National Association and one representative appointed by each Provincial Association; that the duties of each member of the committee shall be to report local progress in Public Health and Social Service Nursing at every regular meeting of her Provincial executive and shall mail this report promptly to the convener of the committee; that the duties of the convener shall be to receive these reports, to forward copies promptly to the other provincial representatives, and to summarize these reports for the annual meeting of the National Association.

"The committee begs also to recommend that a National Magazine or section of a National Magazine shall be devoted to Public Health and Social Service Nursing."

Miss Dyke: The committee have brought in a recommendation on which they want you to act. We have a few copies, and Miss Mac-

Kenzie wishes them distributed now, and then you will be in a better position to discuss the recommendation.

President: It has been moved by Miss Wright, and seconded by Miss Gunn, that we extend a vote of thanks to the committee in connection with their excellent work in this whole matter.

In regard to that report, what shall we do with it? The recommendation is that a standing committee be appointed by the National and one representative appointed by each association and the duties of each member outlined.

Moved by Miss Dyke, seconded by Miss Wright, that the report be accepted.

Miss Randal: I move that a convener be appointed by the executive.

Miss Dyke: I believe the committee wish the convener to be appointed by the Canadian National. They did not say whether she should be appointed from the floor or from the executive. It is a matter of indifference to the committee, so long as the convener is appointed.

Seconded by Miss Crosby.

President: Moved and seconded the convener of this standing committee be appointed by the executive of the Canadian National. Carried.

Is there any other question or any other point in connection with the question of public health, which is our subject this afternoon? If not, then we have some business that we left over. First is "The Canadian Nurse" Committee.

President: The next business which was carried over is the result of the elections:

President, Miss Wright; First Vice-President, Miss Kirke; Second Vice-President, Miss Goodhue; Secretary, Miss Gunn; Treasurer, Miss DesBrisay; Councillors, Miss Jean Browne, Miss Rowan, Miss Randal, Mrs. Hill, Miss McPhedran, Mrs. Tilley.

Miss Davis: We are taking up in Vermont for our routine this year social service work in the schools. We have no school nurses in Vermont. I asked Miss Mathieson, of the Toronto Dental Clinic, and she said the work done in Toronto was free. I wonder if there is anyone else who knows if a small sum is charged, if they could get a local dentist and let the children pay any part of it, and what part is paid by the child? We think of employing a dentist for part time work, say, the child pays 25 per cent. for a treatment.

Miss Wright: In Boston they charge for the amount of material used. I have heard nurses discussing the fact that they had bills at several clinics to which they had taken children.

A Member: At a place about ten miles out of Boston each dentist gives a morning a month to the school children, and those who cannot

afford to pay the dental fee are taken care of for 25 cents.

Miss Browne: In Regina we have a free Dental Clinic. The Dental Association gives their services free. Each Saturday there are five pupils treated free of charge. That is very small in proportion to the population, but it has worked out well. During the coming year, however, the school board hopes to appoint a dentist and pay him a regular salary.

Miss DesBrisay: We have a Dental Clinic in Montreal, and I send all my children there. In some cases where there are a great many fillings to be done, the children are charged a small fee, sometimes 50 cents or even $1.

Miss Dyke: Dr. Baldwin, who is in charge of the clinic to which Miss Mathieson referred, is very much worried because we have not sufficient clinic accommodation. The nurses have been constantly reporting cases requiring dental care. He is in touch with the young dentists who have recently graduated. None of them are very busy, so he has a list of young dentists who will take these cases and charge a very small fee. Of course, it means charity work for these young dentists, but they do not mind doing it.

Friday, July 10th, 8.15 p.m.

President: We are making a few changes in the order of the programme for special reasons. We will start our evening session by having Miss Davis' paper, "The Value of the Practical Nurse," which is to be found at the end of the programme.

THE VALUE OF THE PRACTICAL NURSE

By Anna Louisa Davis, Brattleboro, Vt.

Organized home care for people of moderate means is such a new subject that all effort along this line is of necessity largely experimental, and while asking for criticism I want you to suggest lines along which we may develop this work.

We are only beginning to work out a standard for the sick of any community. There are standards for hospitals; standards for nursing organizations, but none whereby a community may guide itself in developing a system to provide care for all of its sick.

A recent survey in New York, covering a period of two years, shows that 90 per cent. of all cases of illness remained in their homes. To place all these people in hospitals would take more money for buildings and service than we are ever likely to get, so this is obviously out of the question, and we are confronted with the problem of providing adequate home care for the majority of sick people and sorting out the cases that really need hospital service.

Within the hospital we have everything that organization can do in the way of nursing care; outside the hospital conditions are reversed and we now depend largely upon the district nurse, and she can only meet the need in cases where continuous care is not needed.

When we realize that there were one and a half millions of cases of mortal illness reported in the United States and Canada last year, and that an overwhelming percentage had home care, it must be forced upon us that it is time to improve the kind of home nursing.

Some of these cases need, and can afford, a trained nurse. To others a $25 a week nurse is out of the question. A small percentage of them can get along with the hourly nursing of the district nurse, but to the majority of them continuous care of some kind is essential, and they now rely upon the untrained or practical nurse—a type of nurse which we have always had and, because of the need for the services she gives, always will have. Our problem is now to organize, improve and regulate her work so that it will place her in homes and on cases where, for instance, as a mother's helper, she can do as well or better than a trained nurse, and by registration and supervision keep her from acute and contagious cases where her lack of training jeopardizes the life of the patient.

How are we going to manage it? I bring for your consideration the plan of organizing a given community into a civic health centre, and through a central office, in charge of a graduate nurse, to establish a registry for all the graduate nurses in the community; to interview the practical nurses and get them to consent to a fixed scale of wages and to the supervision of a graduate nurse; to put on your list a few good laundresses and hourly workers. Then interview your doctors and representative people and have them depend upon you to supply any grade of service needed on a given case. Let them know that you are not dispensing charity, that you are not debarring churches, fraternal or any charitable organizations from their obligations to their members who may need help. I have had charge of such an office for a year. It has worked out splendidly.

When a call comes into the office and the doctor's diagnosis is given and the family condition is considered, the graduate nurse in charge decides the kind of service needed. It may be a trained nurse, it may be a practical nurse, or possibly an hourly worker will suffice.

Very often you will find a mother can best care for an ailing child if she can be relieved of the housework, and repeatedly we find an expectant mother, sick abed, and her real need is not a nurse, but a laundress or charwoman.

The superintendent of this office must have a supervisor, also a graduate nurse whose duty it will be to call at the house into which she has sent a practical nurse and see that she is able to do the work on that case. Trained nurses often object to the practical nurse and be-

lieve she is taking work that rightly belongs to them; if so, here is a chance to regulate all this.

Just a word about the practical nurse as to her present value and possible future. Her value is not a fixed quantity, but is raised or lowered by a number of conditions, most of all by the character and habits of the woman herself and her adaptability to varying situations. The world has always had practical nurses and it is safe to predict that it will continue to produce and use them, because they are needed, and because the trained nurse has not, nor need not take the place of the general utility woman. The trained nurse has found an ever widening field of opportunity before her, and the world appreciates her work more fully with each passing year, but we must frankly admit that the trained nurse has failed to meet the nursing needs of the middle class people in their homes.

This failure is not hers alone, it must be shouldered by society as a whole, and society as a whole must lead in the readjustment needed if ever her skill is to be brought within the reach of the great mass of people who need her, need her badly many times, yet have not the money to pay her.

The full value of the trained nurse, and also the full value of the practical nurse can only be made available through proper organization which supplements the practical utilitarian qualities of the practical nurse with the skill of the trained nurse.

The proportion of homes that employ servants is small in any average community, and it is not apt to grow larger.

The unwillingness of the trained nurse to prepare simple meals for her patient and herself when the mother of the family is the patient, is responsible for the untrained nurse being asked for in many homes where the family could pay the full rate for trained service, but could not pay a servant in addition. This very condition often leads to the untrained nurse being called in cases where a trained nurse's skill is urgently needed. The practical nurse in turn has been criticized for undertaking responsibilities for which she is not fitted. Few realize how reluctantly the practical nurse assumes such responsibilities in many instances, nor how she longs for someone to whom she can turn for advice or suggestion that will help her to do the best for the patient.

There is no doubt that many trained nurses have gone to the extremes in avoiding anything that seems to be outside the strict line of duties in what is called the nurse's province, and these have helped to create the demand for the practical nurse. But it is also true that many a trained nurse is wasting her skill where skill is not especially needed, where an untrained woman would do fully as well, while in some other home an untrained nurse is struggling with a nursing problem which demands the highest nursing skill if the patient is to have the chance for life and health that we want him to have. This is a con-

dition and not a theory, a condition that exists in a greater or less extent in every community, whether urban or rural.

We speak of the practical nurse as though she represented one distinct kind of womanhood, whereas she represents many distinct types, each having a certain value. A study of a group of practical or household nurses will discover that a large proportion are widows who have been forced by stern necessity to become breadwinners. Life with them is a serious problem, and the work is undertaken with a corresponding seriousness. Most of them have been obliged to practice strict economy in their homes and they continue to practice it in the homes they enter. They have been accustomed to being responsible for all the duties of a household, hence it becomes a perfectly natural thing for them to continue to do so; add to this a strong common sense and the ability to follow an order, and you have the chief reasons why doctors employ them, and families are willing to pay them almost as much as the trained nurse asks and more than the trained nurse believes them to be worth.

The chief difficulty in regard to the practical nurse is that she is often found in charge of seriously ill patients where a life may be depending on skilled care. This is her misfortune, not always her fault. She is there because of an economic condition which so far as it is related to sickness we should face squarely. It is when she is face to face with responsibilities too great for her that she needs the assistance of the trained nurse. She needs the instruction and supervision and assistance of the trained worker and the next big step in improving the care of the sick is to make such supervision possible through organization.

Given a central office with a graduate nurse in charge, and graduate supervision provided, much in the way of improvement is possible. It is the business of the superintendent to know not only the quality and general make-up of the practical nurses that she sends out in response to a call, but to fit the nurse to the case and home as far as possible. No rule of rotation or of sending out nurses in turn will ever do in this kind of work.

When a community is fully organized to care for all of its sick, the rich, the poor and those in moderate circumstances, it is possible then to see that the graduate nurse's skill is more fully utilized by people of moderate circumstances, and this without lowering her rates.

The value of the practical nurse is greatly increased when she has standing back of her to help her in every time of difficulty or emergency a graduate nurse and a board of sympathetic citizens. Her value to the patient is increased by instruction which should be provided for in some way in every community. If there be those who object to the practical nurse being given any instruction, let us remember that we cannot prevent it if we would, but by assuming some responsibility for

it we can determine its quality; we can see that it is practical instruction in the commonest nursing duties, rather than correspondence school theories that may or may not be understood.

Let us keep in mind that the most reliable figures that we have been able to obtain go to show that after 50 years of training nurses two-thirds of the sick are receiving unskilled care.

We have exerted ourselves that the poor might have skilled care in sickness, shall we do less for the people of the middle class?

When by means of proper organization, we have given the practical nurse instruction and bedside supervision and placed back of her the skill of the trained nurse in any difficulty that she may meet, we have effected a combination that should greatly improve the care of the sick of all classes. We have placed on the graduate nurse the responsibility of deciding when a trained nurse is needed and when a practical nurse will best fit the need of the home, thus safeguarding the interests of the trained nurse and preventing the practical nurse from assuming responsibilities too great for her.

If any of us cherish the idea that we should keep for an ideal a trained nurse for every case of illness, let us get rid of the notion. There are hundreds of cases where the care of the home is the biggest part of the problem, where, given a chance to rest and the most ordinary "waiting on," the mother will make a good recovery if the home machinery is kept running smoothly. And then it can never be considered good management for a trained nurse to spend three years in acquiring skill and then allow her to waste her time in caring for cases where no special skill is required, and where the housework forms the greatest part of her duties. Let us frankly admit that the average trained nurse does not want these cases. Let us aim, rather, to put the trained nurse, by means of organization, in reach of every patient that needs her skill; let us try to see that she has the direction of the work. Let us cease to consider the practical nurse as a competitor, but rather to regard her as a private volunteer soldier in the fighting ranks, with the trained nurse as director of the campaign.

Let us try to get a clearer vision of the communities' needs in all kinds of sickness in all classes of homes, and then, with the aid of its citizens, to try to build up an efficient working force, and by proper organization to so correlate all the grades of help needed that we may care for *all* the sick in *all* the homes.

President: This most excellent paper is open for discussion. There is a great deal of matter in that which should be dealt with.

Miss Randal: I would like to ask Miss Davis some questions. Do these practical nurses apply readily to enter under this Board of Management? How do you train them in their work? And do the doctors object to the nurses in charge requiring their work?

Miss Davis: My answer to the first question is, no. The better class of practical nurses will come in, but, as you all know, the practical nurse is a hard problem to deal with. Just as soon as possible the case is in charge of a graduate nurse, who takes charge of delivery, but after the patient is fixed up and the doctor and trained nurse leave her, we leave the practical nurse as a mother's helper. It is hard to get the practical nurse to agree to supervision and to accept a small wage. Some of our practical nurses are getting $18 to $21, and they object to a scale of $1.50 to $2 per day. But it is possible to get the better grades, and so crowd out others.

We have increased in Brattleboro the demand for trained nurses from three two years ago to twenty now. More of our calls come from the people than from the doctor. They call our registry and get a trained nurse on a case, and when she needs relief or help, we send a practical nurse, and they are working very well together.

The problem, of course, is to get the untrained nurse to fall in line, but it can be done if you get your community organized. There is no demand for her labor unless she registers with us. We find that the lodges or the church or the town will pay a trained nurse when they see the necessity. In this town of 10,000 we have a residence, and the graduate nurses live outside. We have a supervisor living there, a maternity nurse, district nurse, assistant district nurse, and eight untrained nurses. We also have our helpers, women we send in to help wash the dishes, etc. We send in a worker who gets 15 cents or 20 cents an hour. If the ambulance sends a mother to the hospital it is hard to go with the beds unmade, etc.

Miss Gunn: I am specially interested in Miss Davis' paper because this question of practical workers we are facing in Toronto at the present time, and the Toronto nurses have been asked to take up this problem and solve it if possible. The first difficulty we meet with is one of finances, and I would like to ask Miss Davis how the work in Brattleboro is financed.

Miss Davis: There we have a special fund. One man was kind enough to give us $1,000,000. We have the income from two-thirds of it, but it is a very good fund, and we are trying to spend it judiciously. We send a practical nurse out for $10, and the patient pays $3 per week for supervision. We thought that one trained nurse could supervise twenty-five practical nurses, but she cannot do it. If she has a heavy maternity case, she can probably supervise fifteen or twenty. In Boston and Detroit they are doing the same thing.

A Member: I would like to ask Miss Davis if she had any difficulty in getting the doctors in line. I know some doctors send untrained nurses and demand trained nurses' price.

Miss Davis: For fifteen years my work was in Chicago, my home city, and I was the first secretary trying to get our bill for registration passed. We had a hard time, and the doctors say they would

just as lief have an untrained as a trained nurse. In some parts of Illinois a man would get a veterinary for his horses and not a registered doctor for his wife.

Miss Phillips: Do you have any trouble with the nurses being willing to go out as undergraduates? We have some in Montreal, and we have been asked to take them over, to do something with them. Nothing has been done, but they say the great trouble is that these women think they know just as much as a trained nurse, and why should they be trained?

Miss Davis: That is a difficulty, but I do not know what you mean by undergraduate.

Miss Phillips: They are practical nurses. Some have had part of the hospital training, and have left for one reason or another.

Miss Davis: I have never taken the half-trained nurse as a practical nurse. I will not do it; there is a lack of character there. I will take a woman who comes out and will say, "I have had my home and my experience in it," but I will not take a nurse who has been dismissed, for there is always some reason. I am too loyal to take the half-trained nurse. I have had three applicants this week, and will not accept any of them.

Miss Phillips: I think that is the reason they are generally called undergraduate associations; the majority are graduates from small schools who are not eligible for registration.

Miss Davis: I think they ought to shift for themselves. What I want to do and what I think the trained nurses must do, is not to worry about the sharp distinction between trained and untrained nurses; but where a family cannot afford and do not need a trained nurse, send a practical woman in to watch the patient while the trained nurse rests, and I think that is the step we must take, and not take the practical nurse unless she is willing to submit to supervision. We have a hard problem to face, and I think we should make that distinction, just to take two grades, the wholly trained nurse and the untrained nurse. Teach her to cook well the chief cuts of meat, and to be a helper in a home; to go into the home in case of illness and get the children ready for school. I never send her on a contagious case.

Miss Gunn: What sort of Government Board, Miss Davis, would you advise for the organizing of such work as you have mapped out?

Miss Davis: I think you ought to have some representative citizens. At Concord we have tried to organize one. I think the Red Cross is going to open at Concord the first of their stations.

We have a loan closet. You must interest the churches and club women in your associated charities; you have to work together, even with your police. You have to have representative citizens' boards, as well as your nurses. I think it is too big a problem for nurses alone

to take up. I think the financing and the interest should come from the people who are employing practical nurses. You should have a board of citizens.

Miss Johnson: Madam President, may I ask Miss Davis what preparation she gives these attendants? Are they residents?

Miss Davis: They are with us, but you are not going to be able to keep them in residence any more than you are the trained nurses. We are beginning them on a salary of about $5 or $7 a week, and we see what the woman knows about cleanliness, food values, etc. We teach them about baths, temperance, etc., and they are on a salary while they are receiving these instructions.

We never send them into contagious cases unless just to assist a trained nurse, and never for delivery. She can take care of the mother after she is fixed up, but I think it would be a mistake not to have graduate supervision on the case with the doctor. The trained nurse goes in just as a district nurse, and sees that the woman is doing the right thing.

Moved by Miss Randal, and seconded by Miss Crosby, that we pass a vote of thanks to Miss Davis for her paper and her patience in answering the questions.

LAW RELATING TO THE NURSE.

By M. A. MacKenzie, R.N., Toronto.

In looking over a history of nursing, and noting the advancement and the necessity for nurses have become to society, it is a rather humiliating fact when we realize that we have no legal standing as have other professions.

In looking up the meaning of the word "profession," I found two I thought appliable to nurses, the first "a collective body of persons engaged in the same work," and "a vocation which requires a previous college education." After two generations of advancement, we are still what the first definition says, "a collective body engaged in the same work," when we should be "a vocation preceded by a college education," and recognized as such, with a defined legal standing and a nursing jurisprudence, but that we have not, and legally we are classed with skilled workers, such as mechanics and artisans, with no one having more right to call herself a nurse than anybody who chooses to band herself with the collective body of workers.

Though, however, we have no jurisprudence, there are many business and legal points nurses should be familiar with before ever leaving the training school, the same as other professions are before starting on their career.

For example, terms of engagement, a nurse accepting an institu-

tional position should have her position in terms clearly defined, and in writing in proper business-like form, a clear understanding as to rules and regulations, and by breaking this contract or rules or regulations she leaves herself liable to dismissal.

In private duty, a nurse is referred to a patient by a doctor and her pecuniary arrangements are made only with the patient or responsible person. She thereby becomes a paid member of his household, subject to reasonable rules and regulations and orders from the patient or responsible person, and can be dismissed by him or leave as any other paid member of the household. Though called by the doctor, he is not liable for her fee any more than a superintendent who would call her to a hospital on a special case.

A nurse is bound to carry out the doctor's orders, and in a questionable case, when she does not feel like carrying out the doctor's orders, it is her duty to leave after communicating with him, and as the nurse can be dismissed forthwith, by the patient or the doctor, it should be her privilege to leave.

In a nurse accepting a permanent private case, she becomes an employe of that house as does a housekeeper, governess, or steward, and her position depends entirely on the terms of her agreemnt.

In obstetrical cases, a nurse can only collect her fee according to arrangements, if she holds herself open for the case for any length of time, without having any previous understanding with the patient, she is not entitled to her fee for that time.

In a nurse going to "out-of-town" cases, where it is stipulated that her railroad fare be paid, and she has to leave the case and another nurse be called, the patient is not liable for the first nurse's fare, as she did not fulfil her contract.

Being a skilled workman, a nurse is liable for her negligence; skill includes diligence, knowledge, dexterity, nerve, and coolness, and failing in these qualities and accidents resulting, makes the nurse liable to malpractice, for the law holds that any person professing superior skill and is retained for that reason and then does not display reasonable skill, he or she is negligent. This also applies to people posing as qualified nurses, should they in performing their duty fail in an emergency that a hospital training would have fitted them for, makes them liable for negligence.

With all this before us, and on looking at other professions, their standards, and recognition, it makes us see more plainly the necessity for hard work on our part to make the public feel and see what we should have, for it is public recognition that will help us. The time is passed for us to be classed legally with hairdressers, dancing masters, and waiters, who are all a collective body banded together doing the same work, and if State registration will bring us nearer the goal of a vocation which requires a previous college education, let us work

and urge the matter, start with our probationers, organize county chapters of our provincial organizations, and make our wants known to everyone, so that future generations of nurses will come out of the hospital fully equipped to meet their life work, with laws and regulations, so that they may feel sure of themselves as do doctors, lawyers, and clergymen, and that they may know for what infringement they will be held liable.

Resume of the registration question in the various provinces. The President called on Miss Pemberton to give a report of Nova Scotia.

Miss Pemberton: The report of registration of Nova Scotia was sent to "The Canadian Nurse."

President: We will ask Miss Pemberton to give us just a little outline.

Miss Pemberton: Registration in Nova Scotia has never got beyond the voluntary association that was formed in 1909 and incorporated in 1910. The Legislature has made provision for the by-laws and constitution, so that we have the privilege of having an examination, and a standard is set that will include graduate nursing. There is a Board of Examiners appointed, and any nurse, not a graduate, wishing to register can report, and we tell her she can register by passing the examination. If she does not wish to enter under that class we tell her we will make a note of her name and address and she will be classed as an attendant. That is as far as the constitution of Nova Scotia Graduate Nurses' Association goes. It is supposed to be broad enough to include everyone in the province.

President: I would like to say that the Nova Scotia Association took the step about the first of any of the provinces, and the constitution of its association is just a very short step from the full bill of registration; the only thing really that was omitted was the actual mention that R. N. would be conferred on the ones who pass the examination. The constitution is one of the best I have read, and it was, as I say, one of the first of the provinces to outline a plan of registration that was almost a complete plan. They thought it was better not to force the matter at present, but they are very near getting a very good bill of registration.

"Report of Registration from New Brunswick," by Miss Hegan, read by Mrs. Richards.

President: We hope that the representatives from the various provinces will add anything they can to the knowledge that is brought before us. We want to find out all we can. Is there anyone who would like to ask something about Nova Scotia on the question of Registration, or anyone who would add something on the Registration question in the Province of New Brunswick?

There was no report from Prince Edward Island.

Report from Ontario, by Miss Crosby:

Ontario, I am sorry to say, is not getting on very well. We have had our Provincial Association since 1904, and in 1906 we had a Bill prepared and introduced into the House, but it was so mutilated we decided it was better to withdraw it. Our Association in 1908 was incorporated, and we have been steadily working on Registration ever since, trying to get all the nurses of the province interested, but have not succeeded in getting them all interested yet.

Then we had a bill prepared, but unfortunately the Inspector of Hospitals had a bill also before the House—the Hospital Act—and at the last moment he slipped in a clause which he thought was giving Registration to the nurses of Ontario, and which has simply blocked the matter for us. This clause is something like this: "All nurses graduating from hospitals receiving Government aid in Ontario may be registered in a registry kept in the Provincial Secretary's office." Of course, this is not what we want. Our lawyer had spent a great deal of time preparing a bill and only waiting for an opportune time to present it.

In the last Session there was a clause added to Clause 18, which protects the R.N., but regulations have not been worked out yet. We are always at a place where they are going to be worked out, but they don't seem to get any further.

Report from Quebec, by Miss DesBrisay.

The report of Registration from the Province of Quebec is very meagre.

The hospitals in the province are so few in comparison with the rest of the Dominion, and they are so hard to rouse to any degree of enthusiasm in regard to outside work.

The question of Registration has been discussed many times at the Canadian Nurses' Association in Montreal.

In January last the Secretary wrote to some of the smaller hospitals in the province asking their help, but had no reply.

In February, Mr. C. M. Holt, K.C., delivered an excellent address on the subject of Registration, to which invitations were sent to all Hospitals and many of the medical men of the City. Almost all of the latter began to make excuses, and some took no notice whatever. Three Doctors were present, and some of the Hospitals were not even represented.

In April the C.N.A. appointed two of its members to act with two others of the different Alumnae Associations—one only responded, the others ignoring it altogether.

So that it has been well nigh impossible to make any headway.

Several letters have come to me from California this year asking for the status of different training schools, as graduates from said schools have applied for State Registration to the California State Registration Board. Some of the schools in question were not in good

standing and we had an instance of what was being done, when a nurse applied to the Canadian Nurses' Association for membership, with an R. N. certificate, who had trained in a Hospital of only 30 beds.

All things considered, it seems as though we wanted something even better than Registration.

One thing we certainly do want, and that is, a larger amount of public spirit to realize that the good of one is the good of all and the good of all is the good of one.

Report from Saskatchewan, by Miss Jean E. Browne.

On March 17th, 1911, a mass meeting of the Graduate Nurses in Regina was held to discuss forming a Graduate Nurses' Association for Saskatchewan. The following week a second meeting was held and officers were elected. From the time of organization, this association regarded Registration of Graduate Nurses in Saskatchewan as the prime object of its existence.

For some time the activity of the association had its only channel in reading and discussing Bills of Registration planned out by other Graduate Nurses' Associations, and it was not until the following October, when Miss Mary Ard. MacKenzie gave a most enlightening address on Registration, that steps were taken towards framing a Proposed Bill for Saskatchewan. At Miss MacKenzie's suggestion, the association appointed Miss Grace Cooper, R.N., Superintendent of the Indian Head Hospital, and Miss Jean Browne, of Regina, to form a committee for the purpose of drawing up a proposed Bill. To Miss Cooper accrues the credit of this Bill, which was formally read by her at the first annual meeting, held in Regina in April, 1912. The association decided unanimously that this Proposed Bill was an excellent one.

For some time after this things were at a standstill, as the Regina nurses felt they couldn't go on with this Bill without the support of the nurses in Moose Jaw, Saskatoon, Prince Albert and other towns having incorporated hospitals. As a matter of fact, too, the majority of private nurses in Regina seemed indifferent about it.

It was most opportune that in November, 1913, Miss Mary Ard. MacKenzie again came to Regina, and as a result new efforts have been put forth regarding this Bill. Some changes were made in it, and quite recently it has been handed over to an eminent lawyer, in order that it may be correct in a legal way.

Copies are to be printed and sent out to the large nursing centres in the province. It is to be hoped that the nurses in various parts of the province will win over their respective members of Parliament, so that when the Bill is introduced into the House in the fall, there may be no opposition to it.

Report from Manitoba, presented by Mrs. Hill.

REGISTRATION—THE MANITOBA ASSOCIATION OF GRADUATE NURSES, WINNIPEG.

Madam President and Friends:

We love our Western prairies and the full, throbbing life of our swiftly-moving new land, crude and unfinished though it be, and replete with its ever-increasing new problems: but this leads us to appreciate all the more the opportunity afforded us of journeying the many intervening miles to your fair city by the sea, with its older civilization, its many historical associations, and its generous hospitality.

Yet, though you be East and we West, and each has its own peculiar conditions, essentially, our problems are the same, and the way we are endeavoring to work out the registration question in Manitoba will doubtless interest you who have gathered here from the different quarters of our beloved country.

In the Province of Manitoba the movement for the registration of graduate nurses dates back to June, 1905, when the Manitoba Association of Graduate Nurses was formed, after a most interesting and inspiring address by a member from the Ontario Association, largely with that end in view. This organization brought together three existing bodies of nurses, and has continued working since that time for the general welfare of the profession and the achievement of registration.

From the inception of the association, a Committee on Legislation was at work obtaining information regarding registration from different States which had already secured legislation for the registration of graduate nurses. It was during the winter 1911-12 that this committee submitted to the association an outline of the bill, which as a result of their studies seemed to meet the present needs of the profession. A copy of this was sent to each hospital superintendent, as well as to the Board of Managers throughout the province, asking for comments and suggestions. As a result of the many and perplexing questions asked, and suggestions offered, it was deemed advisable to call a convention, at which the whole subject could be thoroughly discussed.

In February, 1912, the effort took definite shape, when a two days' convention was held in Winnipeg, attended by representatives, both medical men and nurses, from all parts of the province. On account of Winnipeg being the only large centre of population in Manitoba, the success of the movement depended mainly upon the efforts of the members residing in that city, but it was necessary to

secure co-operation from hospitals throughout the province, if any legislation were contemplated.

The convention proved a great success, because it threw much light on the advantages of, and need for, registration of graduate nurses. Some of the points emphasized were: Standardization of the training of nurses, raising the standard of preliminary education of probationers, the inspection and betterment of training schools, the prevention of the exploitation of the pupil nurse, and affiliation among hospitals.

As a result of discussion at the convention, some amendments proposed by delegates present were incorporated in it, and the whole matter was referred back to the Committee on Legislation.

As we considered this bill, if accepted by the House, would have met the requirements of the present needs, I am taking the liberty of reading the clauses and pointing out the provisions that were not granted or changed:

1—Who may train nurses?

Answer—Training to be given under the direct supervision of a registered nurse. Training school to mean not less than daily average of twenty.

(a). Got 5.

(b). Ask for 20 obstetrical cases. Got 7.

Subjects necessary—Modified.

Provision for male nurses—Granted.

Provision for training of under-graduates for special private duty.

If nursing done outside of hospital by pupil, it should be for charity, and meant to extend the education of the pupil in Welfare or public health nursing.

Who may practice as registered nurses?

Was not meant to affect anyone who did not pretend to be a registered nurse.

Board of Examiners' examinations—Covered by Bill.

Certificate and fees—Covered by by-laws.

Waiver—Ignored.

Violations—Modified.

Provisions for inspection of training schools after a period of three years (when waiver is lifted).

As a result of the convention, the association had much greater support from the province as a whole than could otherwise have been possible. The final efforts of the Committee on Legislation culminated in the passing of our present bill in February, 1913.

Although the present Act is not by any means all that we had hoped for, yet it is a great step forward, and we are working towards securing amendments in the near future that will bring it closer to our ideal.

The Bill provides that examinations shall be conducted under the direction of the Council of the University of Manitoba, and the Board of Studies of that institution are working very heartily in co-operation with us, and have issued an announcement of studies in preparation for the first examination, to be held the second week in September of this year.

It is hoped before long to merge the final examinations of the various hospital training schools into the university examination, to avoid duplication and promote uniformity. The Council of the University of Manitoba have passed a resolution affirming the necessity for a Chair in Nursing, and this should result in still greater interest and efficiency.

We already are beginning to see results since the coming into force of our bill. Recognized hospitals conducting training schools which previously had been below the standard we set, have risen to the occasion, and have extended their courses.

So with what we have accomplished in the past and our roseate hopes for the future, we feel that we have not labored in vain, and trust that ere long the other provinces of our Dominion may also be successful, and the nursing profession, which is without doubt one of the noblest, elevated to the position we all feel it should occupy.

President: Manitoba is to be congratulated on being the first Province in the Dominion to secure a Bill of Registration.

Report on British Columbia, given by Miss Wright:

Madam President, and members of the Convention: The nurses of British Columbia, in 1912, decided they would have to do something, because we have a great many of the English come to us in Vancouver and Victoria, and even through the province, so that our need was very great, and we felt we had in some way to deal with this and prevent the public being imposed upon.

Some time before, Victoria had attempted something, but nothing had been accomplished. Vancouver called a general meeting in September, 1912. There were some 65 nurses present from Victoria, Vancouver and New Westminster, and the Association of British Columbia was formed with a special committee to draft the Bill. The Bill had to be ready to present at the Session in January of the following year, 1913. The Bill was made ready, and much credit was due to the committee, because, although the Bill was got ready in such a hurry, we had to make no changes, except the fee, which was made $10.00, instead of $25.00. In our Bill we recognize the fact that we have to take care of the practical nurse.

We made a clause for the non-graduate nurse giving her a stand under the trained nurses and also giving her supervision and examin-

ation in practical work and theory it would be necessary for her to know in the preparation of foods and so on.

That Bill was brought up, but was never brought before the House because it was left over till so late. The next year, one of our most important men in Vancouver said he would look after the Bill for us. Nurses of B. C. have done a great deal themselves. The association has not been called on to spend any money in getting this bill in shape. I think the total cost was about $25.00 or $30.00 for nurses' expenses in looking after the Bill.

Last year, just after the Bill was sent down to this member, we got a letter asking to have a delegation sent down. We went down, and they told us it was very unwise to present the Bill, as it was coming up with some Bills from barbers, carpenters, etc., that were going to be turned down, and it was a very inopportune time for the nurses to present their Bill. We took their advice and have just been waiting our time. We hope the time will come very soon, when we will be able to come, like Manitoba, and tell you that we have the Bill.

Report from Alberta, prepared by Miss McPhedran, read by Miss DesBrisay.

REPORT OF THE GRADUATE NURSES' ASSOCIATION OF ALBERTA.

Madam President and Fellow-members of the Association:

The brief report from the Graduate Nurses' Association of Alberta must begin, not with an apology for so little progress toward registration, as that would imply wilful negligence or indifference, but with an explanation of the circumstances which prevented more rapid progress being made. As you are doubtless aware, we are just emerging from a period of financial depression, which plays havoc with such indulgences of the well-to-do, as we so often prove to be, and, in consequence, the tendency to "float" has been more marked among our members. Even our officers have succumbed to the temptation to seek temporary fresh fields, and as a result our Provincial Convention, which should have been held in the spring, has been postponed until the autumn.

Still, we can report some progress, which at least means going in the right direction. Our Committee on Legislation was given power to act, and has proceeded with the drafting of a bill which is at present in the hands of the Government, and which will come up at the autumn meeting of the Legislature. Whether or not this bill will meet with the unqualified approval of our legislative body, remains to be seen.

We hesitate to lay the draft of this bill before you, as it has only recently been presented to the Government, and until it has been considered by them, it seems somewhat premature to give it to the public.

It may interest you to know that we hope to place the nursing profession on a par with other professional bodies of the province by arranging that the examinations held be under the control of the Senate of the University of Alberta, and that the register be kept by the Registrar of the University.

It was deemed wiser to keep, if possible, the standard up to which recognized hospitals must measure under the control of the Nursing Association through their Executive Council. This would facilitate a raising of the standard without recourse to further Act of Legislature. Should we not be able to do this, and should we be obliged to set a hard and fast standard by Act of Legislature, you may rest assured that our endeavor will be to keep that standard as high as possible.

We sincerely hope that at the next meeting of the Dominion Nurses' Association, Alberta will be able to report not only a bill drafted, but a Registration Act.

ELEANOR McPHEDRAN.

Miss Kirke: I should like to ask what is being done in Newfoundland. We have a representative, as you know, from Newfoundland, and although we cannot claim Newfoundland as one of our provinces, we would like to hear from Newfoundland. I think it is very gratifying that every province has been reported from to-night.

Miss Southcott: I am afraid the time is not ripe in Newfoundland. We have not begun to even talk about Registration. Perhaps in ten years' time when I come to a meeting I may be able to say something about it.

President: Is there any question in regard to Registration in the various provinces?

Miss Browne: I rather anticipate that we are going to have trouble with our Bill in regard to the Board of Examiners. The Bill stated that the examiners were to be composed of trained nurses, and we discovered the Minister of Education was wondering why doctors were not going to be represented on this Board. There are some nurses of experience here who perhaps would be able to suggest how this should be dealt with.

Miss Cotter: Madam President, do you think that while we are accepting lectures from the medical men, that we can push them right out of the way at the present time? I mean our hospitals are accepting the services of the lecturers for their pupil nurses. We expect in Manitoba that likely we will have doctors on our examining board, but we hope before very long, if they are there, to crowd them out.

I would like to say, by way of encouragement, that when the Bills in the other provinces come up, and they tell you they have Bills from barbers, carpenters, and other people, it might be interesting to know when our Bill went up the Chinamen were there trying to get a Bill

to allow them to employ white help in their restaurants, so do not be discouraged.

Miss Crosby: If doctors should be crowded out of the Board later on, why have them on the Board at the beginning?

Miss Madden: It seems to me the doctors should have to prove their case first. Why should doctors be on examining Boards for nurses any more than nurses on examining Boards for doctors?

President: I should ask them what nurses they have appointed on their Examining Board for the doctors. I think that would be a logical question.

Miss Crosby: Or if there are doctors on Examining Boards for lawyers, it would be just as reasonable.

A member: I do not see very well how you could keep them off, where there would be a reason. We are depending on doctors, and I do not see what reason could be advanced why doctors should not be on examining Boards.

President: The Ontario doctors have not done a great deal to help with the Bill so far. Clause 18 has blocked things in Ontario for two years, and probably will block them for a while longer.

Miss Crosby: I do not think, Madam President, that the whole medical profession should be blamed for that, because we have a doctor an Inspector of Hospitals. He is the man that is responsible.

President: I think there are others back. I think, Miss Browne, that it is a nursing question, and that nurses should be the ones to decide what examinations should be given, and who should pass. Matters of that kind should be left to the nurses, just the same as we leave the medical examinations to the medical men, and teaching examinations to teachers. I think it is logical to say that the Board should be composed solely of nurses.

Miss Browne: The medical profession in Saskatchewan took absolutely no notice of Registration for nurses until they discovered we had the Bill all in shape to be presented, and they suddenly became quite interested and were quite ready to take the Bill into their council and pass it through when we did not need their aid at all, just when we were in a position to do it ourselves. Registration has been needed in Saskatchewan, of course, the last number of years, but they never seemed to see that need until we had that Bill ready, so we do not see our way clear to having them on this Board.

President: I would suggest that if you need some other workers you ask them on this Board, but it is a matter to be left to the judgment of the women themselves. If we need them we can invite them, if we do not need them, leave them out.

Miss Phillips: When we were working over it last winter, we sent a request to the Medical Chirurgical Society, asking if we could meet them. The Secretary wrote they could not see their way clear

to meet us at that time, which, of course, we took as coming from the Secretary of the society and a perfectly lawful thing. Afterwards, when this was spoken of to one or two of the friendly doctors they said they had never heard it, so we have not very much help to expect from the doctors in Quebec. They said the nurses were getting too independent.

President: That, probably, is the trouble. They are afraid the nurses will get independent. I think the nurses should be able to stand on their own feet, say what the profession should be, arrange the curriculum, and so. Until the nurses do that, the profession cannot be raised to the heights that are possible. Be independent; it is all right to get the help, but be able to stand on your own feet.

Miss Cotter: I want to say by way of encouragement, when the Bill comes before the House you will find that the ones who oppose the Bill most strenuously are doctors from the small country towns. They are the ones we have to blame for mutilating our Bill.

Paper: "Status of Nurses in Great Britain," by Mrs. Tilley, read by Miss Paul.

THE STATUS OF NURSES IN GREAT BRITAIN.

By Mrs. W. S. Tilley, Brantford, Ontario.

The status of the nurse in Great Britain is far from satisfactory, and seems to be growing worse on account of the many ways in which they are impersonated for evil purposes. Perhaps it is not generally known here in this country that nurses in Great Britain wear an outdoor uniform as well as one for the sick room. There was a time when nurses boasted that if they were dressed in their uniform they could go to any slum in London with impunity and without suspicion, but they cannot do that now, for the reason that prostitutes and disorderly houses are using the nurse's dress. Not many years ago a negro kept a house in London, put women into it, supplied them with nurses' uniforms, and plied them out as nurses, although it was afterwards found to be nothing more than a place which was kept for immoral purposes. Not long ago a woman who claimed to be a certificated nurse from the London Hospital was prosecuted for stealing from a patient seven gold rings, a gold watch and chain, a Masonic badge, four ten-pound notes, and other articles. The theft of which the accused was convicted was not the only or the worst aspect of the case; there was a sinister suggestion of white slave traffic about it which must put every careful mother on her guard against admitting to her house and to acquaintance with her daughters unknown women wearing the once honored uniform of the trained nurse, but now adopted by criminals of every kind as a cloak for their nefarious pur-

poses. A nurse wearing her outdoor uniform in Great Britain to-day is looked upon with suspicion by the public and the police, and many instances are told of mothers removing their daughters from one railway carriage to another on account of the presence of a nurse in uniform, and nurses are warning each other not to wear their uniforms at railway stations in London.

Recently a judge in the Chancery Division of the High Court of Justice decided that a trained nurse was a domestic servant, holding that they contracted for domestic or household service. Skill and training count for nothing in the eyes of the law.

The General Powers Bill of the London County Council, now before the House of Commons, proposed to register and inspect nursing homes as part of a scheme to prevent immorality in houses described as massage homes, and other bogus places which can pose and flourish as professional institutions, owing to the lack of any professional status for the properly qualified persons, who alone should be permitted to conduct them. The Parliamentary Committee of the London County Council claim that this could be done more efficiently and economically by the Borough Councils as an extension of their powers under the Disorderly House Act. This, if carried out, would be fatal to the status and prestige of private nursing homes. Inspection as conducted by the Borough Councils would mean police inspection at all times and at any hour. It is easy to see what this would mean to superintendents of nursing homes and to patients under their care. They had no association, and are a body of very busy women, with no time to organize or keep themselves well informed on matters which affect the professional status of the institutions they controlled. Fortunately, the National Council of Trained Nurses took prompt action, and presented a petition asking that the power of inspection be retained by the London County Council, and also urged the necessity for professional inspection. They were successful in their effort, and once more a danger to the profession has been averted. Superintendents of nursing homes have now formed an association to enable them to co-operate and to protect their professional status and interests. There is a great shortage of nurses in Great Britain at present, and very real suffering is being caused in many institutions owing to their failure to get nurses. The Newport Board of Guardians have spent seventy-one pounds in advertising for nurses in the last two and a half years. The Fylde Workhouse Infirmary advertised for weeks with no result. Reports of similar difficulties come from many institutions, showing the widespread nature of the shortage. The disorganized condition of training, service, and small pay, the competition with the untrained, the increased number of nurses required to meet new work compared with many other occupations open to women, all in part account for the lack of supply of the

best type of women to meet increasing demands for probationers and nurses. There can be little inducement to adopt a profession invaded by adventurers, thieves, white slaver traffickers, and other criminals who pose as nurses, and who are permitted to do so without let or hindrance, provided they do not bring themselves within the arm of the criminal law. The present nursing conditions are a scandal to any civilized country. It is time the public aroused itself on this question and supported trained nurses in their demand for the protection of the profession through a Nurses' Registration Act. A poster parade protest against misuse of nurses' uniforms by immoral persons was held by the nurses this year. Charles Dickens, in the preface of "Martin Chuzzlewit," written about 1843, speaking on the subject of the care of the sick says: "Mrs. Sarah Gamp was 24 years ago a fair representation of the hired attendant on the poor in sickness. The hospitals of London were in many respects noble institutions, in others very defective. I think it is not the least amongst the instances of their mismanagement that Mrs. Betsy Prig was a fair specimen of a hospital nurse, and that the hospitals with their means and funds should have left it to private humanity and enterprise to enter on and attempt to improve that class of persons." We are all familiar with the two characters portrayed by the writer. I mention this to show that even at this early date the need of better supervision was felt.

For the last quarter of a century the medical practitioners and trained nurses in Great Britain have recognized the urgent need for organization in the nursing profession. They have strongly urged the necessity for the definition of a standard of nursing education, together with the State registration of those who attain it. This would at once differentiate between trained and partially or untrained women, and enable nurses, through a central governing body appointed by the State, to maintain discipline in the ranks of their profession. It was as far back as 1887 that Mrs. Bedford Fenwick and the British Nurses' Association, which a few years later became the Royal British Nurses' Association, first formulated proposals for registration. Two years later the General Medical Council passed a resolution to the effect that it would be generally advantageous to the practitioners of medicine and surgery that there should be some authoritive certification of competent trained nurses who should be subject to common rules of discipline.

The British Medical Association at its meeting in July, 1895, unanimously resolved that it was expedient that an Act of Parliament should as soon as possible be passed providing for the registration of medical, surgical, and obstetric nurses. The Society for State Registration was formed in 1902, and on the initiative of this, the first bill on the subject was introduced into the House of Commons by

Dr. Farquharson, member for West Aberdeenshire. Meantime, opposition had crystalized into tangible form. Those who took a foremost part in this movement were the General Hospital Council for London, who invited the strongest expression of disapproval from hospital boards of management, infirmaries, and nursing institutions. Both the London Hospital and St. Thomas' Hospital threw the great weight of their influence against registration, while in reply the Committee for State Registration demanded and obtained the appointment of a select committee "to consider the expediency of providing for the registration of nurses."

Little more, however, was heard of the subject until 1906, when Mr. Munro-Ferguson, to-day Sir Donald Munro-Ferguson, Governor-General of the Commonwealth of Australia, introduced another bill, and the select committee was reappointed. This reported unanimously in favor of a register to be kept by a central body appointed by the State. The Marquis of Crewe, as Lord President of the council, received deputations on both sides, replying to the opposers that it was impossible to ignore the findings of the select committee. Then the next year saw another bill in the Commons, and in 1908 Lord Balfour of Burleigh introduced a measure drawn up by the Central Hospital Council, to provide for an Official Directory of Nurses. Lord Amptthill moved its rejection, and obtained this by a majority of thirty-three, and in the same autumn the Upper House passed a bill in favor of registration.

A representative deputation waited on the Prime Minister in May, 1909, in support of the bill then before the House, and in his reply Mr. Asquith mentioned the strength of the opposition as showing how widely the medical and nursing professions were divided on the subject. All, however, wished to see the nursing profession brought to the highest point of proficiency, and he promised careful and sympathetic consideration to the arguments that had been raised. Last year, Dr. Chapple, who it may be incidentally mentioned, practised medicine in New Zealand, where registration has been in force some years, introduced another deputation on the subject. On that occasion the Prime Minister again summarized the extent of objections, and said it was impossible in the press of business twelve months ago to give facilities for a bill of such a controversial character. Could its supporters conciliate their opponents, they would have no more ardent supporters than the Government.

The supporters of registration lay great stress upon the view that the main purpose of the bill is to standardize nurse training, both general and special. At present every institution or hospital, large or small, is a law unto itself. The want of a central authority leads to uncertainty of qualification quite apart from the oft-repeated argument, only too frequently realized, that there is nothing to prevent

a bogus nursing home from sending out a young person of no training whatever and calling her a "nurse." But a further point that they make is that the State is an increasing employer of nurses, and that when a profession is thus officially subsidized a standard must be set up. The Army, the Navy, the Indian Office, the Colonial Office, and the Local Government Board all maintain recognized services of nursing. More and more are employed by the Home Office in various inspectional capacities. The Board of Education is ever making fresh appointments in the interests of the health of school children. The "panel nurse" in connection with the National Insurance Act is looming up upon the horizon, and though she may for a time be found through the Queen's Nurses, that splendid body may not always be equal to the demands. On March 3rd of this year Dr. Chapple introduced the Nurses' Registration Bill into the House of Commons. Dr. Chapple begged leave to move: "That leave be given to introduce a bill to regulate the qualifications of trained nurses, and to provide for their registration." Mr. Handel Booth arose and opposed the bill. After short speeches by the mover and the opposer, the bell tinkled and sonorous voices shouted, "Division" throughout the House. For a few minutes the fate of the bill hung in the balance. Would these men with absolute power over the nurses' condition of life file to the right or to the left? Would they pass up the steps into the "aye" lobby, or into the "no" lobby? It was with feelings of great thankfulness and joy that nurses in the ladies' gallery watched them turn in greater numbers to the left. Then in a few minutes two figures were seen side by side coming up the floor of the House. The champion of the bill and the opposer arrived at the table. Dr. Chapple read out the result of the ballot. For leave to bring in the bill 311 against 82; majority for 229. This bill was then presented by Dr. Chapple and read a first time with cheers. To be read a second time upon Friday, the 13th of March.

The victory, the importance and completeness of which can hardly be over-estimated, must be pushed to its legitimate conclusion by united effort; no stone must be left unturned to place the Nurses' Registration Bill on the Statute Book in the near future. The support given to the bill by leading men in all parties was most encouraging. In dissecting the voting for and against the bill, it is highly satisfactory to note that nurses' registration is in no way a party question. Quite otherwise, as members of every party in the House are evidently alive to the importance of safeguarding the public and granting to trained nurses some measure of professional protection. The Nurses' Registration Bill was put down for a second reading on March 13th, but, owing to the business of the House, it was not reached before adjournment. On the afternoon of that day a large contingent of

nurses attended in uniform, just to show their interest in their own affairs.

On March 16th the second reading was blocked by a "professional blocker," Sir Frederick Bambury, one of the two members for the City of London. Night after night Dr. Chapple has had the Nurses' Registration Bill down for second reading, and quite as persistently Sir Frederick Bambury has popped up and blocked it. It does not seem possible that one "anti" could have power to obstruct a bill for public welfare which had a 228 majority vote, but such evidently is the law.

At a recent meeting of the Central Committee for the State Registration of Trained Nurses in London it was agreed to petition the Premier for time for the second reading of the Nurses' Bill. All the opposition to the bill comes from a few powerful London hospitals, which certificated its probationers at the end of two instead of three years' training, and very profitably used their services as private nurses after this short term of training, and from nursing associations which provide insufficiently trained nurses.

But with steady fighting for so good a cause our sister nurses in Great Britain will ultimately gain their goal. The progress of their cause will be earnestly and sympathetically followed by nurses in Canada, with hearty good wishes for their success.

Miss Southcott: Madame President, may I ask what is the status of nurses in Canada. I think that paper gives us to understand the nursing districts are in good standing on this side, while I should also like to remind them that to the Nightingale Training School was due the training on this side of the Atlantic. I think that was forgotten.

President: Miss Randal has asked me to announce that there will be a meeting of the executive council of the Superintendents' Society at 9.30 a.m. to-morrow.

Some correspondence that should have been taken up this morning and was overlooked, will now be read by Miss DesBrisay.

The Secretary then read from the Graduate Nurses' Association of British Columbia, an invitation to hold the next annual meeting in Vancouver.

Moved by Miss Gunn that the invitation be accepted.

Meeting then adjourned till Saturday morning.

Saturday, July 11th, 10.00 a.m.

President: We will now take up the paper, "Qualifications of the Successful Private Nurse," by Miss Mabel Clint, of Montreal, and which Miss Kirke has consented to read.

QUALIFICATIONS OF A SUCCESSFUL PRIVATE NURSE.

By Mabel Clint, Montreal.

There are lazy, untidy, unreliable, frivolous, extravagant nurses. My professional experience has brought me into contact with such, and I sympathize heartily with the households into which they have been sent.

They lower the profession in the public esteem, and the evil that they do lives after them, and becomes a theme for cavilling criticism of a whole class.

Each school unfortunately has on its roll some such graduates to whom their three years' training has brought no improvement in character or habits; but every calling in life has its delinquents, and I believe that those who are sufficiently interested to investigate facts must acknowledge the vast indebtedness of the sick and their attending physicians to the trained nurse, whose ever-widening sphere of influence is unobtrusive, silent and usually not in evidence to the public eye.

There are very few people, even doctors themselves, who realize how many-sided a nurse's duties may be; certainly no text book has ever enumerated half. In a hospital they are prescribed and assigned, but in outside practice they vary greatly, and the constant adjusting oneself to new conditions is part of the daily brain fag we all know.

Though the subject of this paper is properly "The successful nurse's qualifications," I prefer to deal with it in two divisions; the second being the personal life of the nurse, and whether it tends to fit her for her work as it ought to do. As we shall only consider averages it is best to eliminate two classes and confine ourselves to the middle ranks.

Of the noble women who head the professions—Sisters of Charity who work in the slums of our cities, seeking no earthly reward, whose vocation leads them into exile and danger as medical missionaries, or who give their lives to district nursing among the masses, I do not intend to speak. Perhaps some of us, if circumstances permitted, would prefer that kind of work.

Nor is it necessary to consider the other end of the scale, the "Romantic" girl who enters a hospital filled with ideas of the magic properties of a uniform, gets through her training as easily as possible and practises in a desultory fashion for the sake of an extra income to spend on personal adornment.

To the first class would belong the woman who is obliged to "send money home," but such cases I trust are exceptional and for present purposes I select only the woman who entirely supports herself, and is trying to save something for that inevitable day when she is worn out.

It is frequently alleged that a nurse should be so devoted to the al-

truistic side of her profession that no monetary or social consideration should enter into her calculations, but I contend this is only a half truth.

All medical men do not aim to practice in Labrador or Fiji, and yet the community could ill spare a brotherhood who, whether with high ideals of individuality or not, do in main contribute greatly to the good of the world, and are often the best friends of those to whom they minister.

So with nurses, as long as a woman has an aptitude for the most arduous work her sex can do, and does it honestly and capably, she has every right to enter the ranks and earn her living by rendering very necessary services to others for money—services for which sometimes any payment in coin is totally inadequate.

While it is a truism that a nurse is born, not made, still there are times when training is more valuable than instinct, nearly all surgical cases come under this head. There should be some liking, at least, for the work, or no nurse can be really successful, i.e., the reaction on herself will be disastrous much more quickly. There are, however, exceptions, two very good nurses I knew, conscientious, capable and popular, hated every detail of the whole business.

The nurse is yet to be born who will please every patient equally, but to win their confidence should be the task of the first few hours while one studies their personality and point of view continually, and a wise rule at all times is never deliberately to deceive a sick person about anything.

And I have often noticed that to be able to make a patient comfortable in little ways is of great importance. A "case" may never realize, or quickly forget, that you have saved his life, but the pillow put in the right spot, the hot water bottle always ready where wanted, or the drink promised—and forgotten—these dwell in the memory, and invest the nurse with blessed or neglectful character.

The essential qualifications of the successful nurse with which nature must endow her are: Robust health, sympathy, tact, trustworthiness, intelligence. The essentials which may be acquired are: Patience, good memory, self-control, accuracy, neatness, firmness and cheerfulness.

Presence of mind in emergency, judgment, observation and system are (or should be) developed by training. To these must be added the art of speaking and moving quietly. Any nurse who cannot modulate her voice to the lowest key, or close a door softly, should not get her diploma, no matter how brilliant a technical examination she may pass. To cure a patient of any "Itis" and leave her with nervous prostration is a poor result.

That an up-to-date trained nurse should have a good general education, be able to discuss a variety of subjects, read aloud well, and do

a certain amount of light cooking, are also requisites, especially with convalescents.

But this by no means closes the list of what many patients and their friends consider that nondescript biped or super-woman commonly called "Nurse" should perform, and perform competently. That she should be masseuse, manicurist, hairdresser and bridge player are accomplishments necessary to the lady of leisure, in whose estimation, too, she sinks if not fashionably garbed.

To be a good raconteur (quality of tales not scrutinized too closely), gossip about other people's households, attend to extensive housekeeping and shopping, if necessary, or, on the other hand, stoke the furnace, cook the dinner, and now and then act as hewer of wood and drawer of water, are a few of the requirements which women patients sometimes demand in part or in combination.

Is any other business woman expected to have extraneous accomplishments and is a period of three years' crowded training (far too much of which in some hospitals is occupied in scrubbing routine) going to turn out a finished article in any of these lines? Or does any other woman (not to mention men, till equal rights prevail) work twelve to eighteen hours a day, seven days a week, month after month, for any compensation whatsoever?

The average medical practitioner expects that a nurse should be well supplied with everything necessary to assist him, and should, at a few days' notice be able to leave her lodgings perfectly equipped for a trip with his patient to Norway or Florida.

A recent paper on nursing noted the derisive comment of a doctor on the foolish way nurses spent money on silk skirts, etc. Another, to whom the remark was shown, more sensibly recognized it as the nurse's own business, just as his expensive cigars were his form of extravagance. It is an open question whether the first individual with a good case on hand would not call in preference the nurse with the silk skirt rather than one whose shabby costume might not have attracted his attention.

The fact is that physicians, though so continually in contact with nurses, know as little as anyone else about their ordinary circumstances (as witness those who commented severely on the elevation of the fees by 50 cents a day two years ago). We bear testimony gratefully, however, to kind attention on the part of the profession to sick nurses, and to insight into the fact by a few good physicians, that the nurses they employ are debarred from nearly all that makes life agreeable to other women.

In her relation to the patient the nurse must shield her from all adverse influence and anxiety, standing between her and relatives, if necessary, and must see that all details are run smoothly for her advantage, at the same time studying her characteristics so as to deter-

mine when to yield and when to be firm in executing orders disagreeable to her.

The nurse's relation to the attending physician should consist in loyalty to the spirit as well as the letter of his instructions. The amount of responsibility she should assume in the doctor's absence will depend greatly on the case and the man. Working under one practitioner frequently will, of course, facilitate this knowledge. The nurse can throw light often, particularly in nervous cases, on causes while he only sees the effects, and she should to the utmost of her ability anticipate his wants and economize his time by clearly stating all important items since last visit.

Dealing with the family perhaps presents the most difficult problem, and several days of observation are usually necessary before the inner attitude of the household can be understood, so that the stranger in their midst may offend none. That any confidential matters which may come to a nurse's knowledge should be inviolately respected is, of course, obligatory. She should, if she has "hours off" during the day, arrange them so that none of the family has any order to carry out for the patient; be punctual in returning, and never remain out later than 9 p.m., so that there may be no delay in settling a patient comfortably for the night. The night nurse who goes to matinees frequently, or otherwise uses the hours when she should be sleeping, robs either herself or the patient.

Then there is the possibility of friction with the servants. Personally I believe a little tact only is necessary to placate the staff, and have heard few complaints on this score. Where only one maid is kept the nurse, if possible, ought to do everything for the patient, and not allow illness to upset the ordinary routine of the house. But where there are several it becomes a question whether they prefer waiting on a nurse to a certain extent, or letting her meddle with their duties in their own domain. No hard and fast rule can be laid down, and one must be prepared after carefully considering a course of conduct, to have it turn out to be the wrong one to pursue. Such are the minor distresses of private practice.

Finally, in some cases, where moral obliquity or remorse is closely connected with physical consequences, there is a call upon all the strength of character and religious conviction which every true nurse should have, and the privilege of inspiring a new outlook on life is peculiarly her office. Her intimate but impartial position often enables her to take the place of the church, the physician, or the dearest relative, and sometimes there is no one else "to warn, to comfort, to command." If then she is appointed to be a "ministering angel" indeed, she should thank God and take courage. Perhaps, to sum up, a nurse's obligations can be briefly described in the words of the Nightingale Pledge, which I subjoin, as it may not be familiar to all:

"I solemnly pledge myself before God to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling, with loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care."

Before dealing with the second part of the subject let us premise again that there are faults for which a large proportion of nurses are justly blamed. The chief I have heard mentioned are:

A want of refinement in anecdotes related in order to amuse some patients; lack of attention to religious duties; extravagance in dress; love of a "soft job" in high places, where for good food, comfortable room and little labor, a nurse is willing to become a companion merely; carelessness in saving money, and having no definite object in view, so that at the end of ten years there is nothing to show for her incessant work, and the money which has passed through her hands; heartlessness and flippancy.

I concur that the above are true of some nurses, but they are not in the long run the successful ones, and certain of the criticisms are now to be examined.

How, then, does the life the average trained nurse is obliged to lead qualify her to fulfil her duties to the best advantage? If she works hard ten or twelve hours a day, ten months of the year, she ought to have a comfortable room and bed, good food, no petty worries, some pleasure at least once a week to relieve the deadly monotony, and two or three months' holiday at the sea or among the mountains.

Does she get them? I have no hesitation in saying she does not. In Montreal, where the profession is most largely represented in Canada, the nurse usually lives in cheap lodgings, a small room, and more or less comfortable lounge-bed. She has a right to a fractional portion of the bathroom at odd moments. There is usually more noise than agrees with her strained nerves, and much more than enough when she lies awake most of the day on night duty. When off a case she does light housekeeping in her room for two meals, perhaps, and walks some distance to another at a poor restaurant. There is often no sitting room where she can receive a friend, and no one in the house who is congenial. An apartment for several nurses brings the maximum of comfort, but the responsibility falls heavily on one or two as a rule.

Toronto is better supplied than Montreal with "Nurses' homes," but there is a great need in large cities for a hotel for working women. It should have a scale of prices, provide library, sitting, sewing and

laundry rooms, and have a restaurant attached. Such a building would be a boon, and would return the outlay. It would enlarge the outlook and knowledge of the residents following various avocations. Nurses especially would not talk "shop" continually.

As to recreation, the theatre is perhaps the best amusement a nurse can have, but if on duty she never can attend a performance comfortably. After an arduous day she hurries to get her seat without having a chance to rest or dress properly, and is usually too fatigued to enjoy the play.

Being up till midnight even occasionally makes the task of rising at 6 a.m. far harder than usual, and consequent fatigue militates against good work. Nurses who work steadily have often told me that when on a case everything in the line of late hours must be cut out. Besides, the evenings (or early mornings on night duty) must be occupied in the prosaic occupation of keeping uniforms in order, mending, washing and pressing odds and ends, and there is not time often for months to read a novel or visit a friend.

Some girls are fortunate in having wealthy friends with whom to spend a vacation, but not all can afford the two months they should certainly have. Every day off is a dead loss. No salary goes on while they wait, and the expenses of a real holiday take years of saving to accumulate.

Why is it that of all business women nurses alone are accused of exorbitant charges? Nurses were the very last to raise their fees two years ago, though the cost of living to them, as well as to others, had about doubled in ten years.

After spending three to four years in training, we make, by incessant work all the year round, twelve hours (or more) a day, Saturday, Sundays, and public holidays included, rather less than an expert stenographer, who has no greater expenses; and we are exposed to risk of contagion, get little fresh air, lose nights' rest for weeks, and often have disagreeable tasks to perform.

Ignorant and mischievous statements are sometimes made by people who ought to know better, that nurses earn their money easily. Let any of these critics try one week's duty on even an easy case, and honestly admit the result. Of course, there are easy cases, but nearly all nurses prefer to be busy, and no patient is obliged to keep a nurse when there is nothing for her to do.

Perhaps the hardest of all duties is long attendance upon a so-called convalescent neurasthenic, when the nurse degenerates into a mere lady's maid, subject to the changing fancies of a brainless butterfly. The constant, exhausting effort to amuse and interest affects both mind and body, and with the few moments at a nurse's disposal for study, recreation or pursuit of a hobby, and the necessity of obliterating herself completely, it is a marvel that in a year she retains any in-

dividuality at all, and does not in every case become a mere machine, or swell the number of the State's patients in our asylums?

The strain of "ministering to a mind diseased" takes more out of a nurse than any other form of nursing. I think all the sisterhood will agree that it requires an endurance of nerve-control greater than most men can attain to.

Doctors often say outside a patient's door after a five minutes' visit, "How can you stand it?" Yet, should the nurse want to be relieved after three or four months, they are possibly astonished or annoyed.

Few nurses who work steadily at all have not impaired health, or are incapacitated in some respect before forty, and the well-known fact that our active working life is limited to ten years should settle the question and silence the babbling fault-finders who claim that it is an easy career.

Let us look at some of the other disabilities which affect the nurse sorely, and cause her to have less life of her own than almost any other member of the community.

Social gatherings among her friends she must eschew, for she can never count upon being punctual or keeping an engagement. Her friends, no matter how cordial and generous, gradually drop her from their calculations, occasional intercourse only serves to show how little, after a year or two, their interests coincide.

The casual acquaintance of patients, however pleasant, cannot as a rule take the place of the friends one would ordinarily make; and it is the exception, rather than the rule, when a patient remembers for long, services rendered.

"She got $3 a day for doing it," they think covers a multitude of extras. That there are others, men and women often humble and poor, whose gratitude has gone far to make tolerable a lonely, weary, empty life, in which otherwise there would have been few compensations, every nurse will acknowledge.

Also nurses who previously cared for their church duties are almost entirely cut off from that outlet for months at a time, though this happens chiefly in hospital cases. And here let me say that the exclusion of the seventh day of rest, it seems to me, is a great factor in determining the early exhaustion of vitality in nurses. In the French Revolution it was discovered that even one day in ten was not sufficient regular rest, and yet if a nurse at the end of a case were to take five or ten days off to correspond with the number of weeks she had been on duty, none of "The Authorities" would understand it.

As to complaints of extravagance, if well-founded in many cases, they are more than offset by the large percentage of those who have had to learn the art of "doing without."

It should also be understood that "bargain-hunting" is not pos-

sible for nurses, and that sometimes a season's outfit must be chosen in a few hurried hours off. The girl, too, who has been accustomed to economize by making her own clothes can do very little of that in the two hours that elapse between getting off duty and bedtime.

Perhaps I ought to apologize for taking up so much of your time in trying to show that a nurse's life reacts upon her duties, and should be well ordered, but I feel sure it will appeal to everyone here who has done "private nursing."

I was much struck recently by an argument that the eight-hour day alone afforded scope for a man to develop his mental and physical life, and thus give the best of himself to the demands made upon him by his work. All organizations now recognize this natural division of the twenty-four hours. Everyone can work at high pressure for a short time, but over-stimulus brings strain. There does not seem any way of managing an eight-hour day in our case, but I plead for a more just and generous view of our work and hampered existence than is generally accorded us.

And yet, though the grey days predominate and there is more prose than poetry in the nursing profession, there are moments at least when we rise to heights where the eternal sunshine triumphs, feel we are more than ciphers in the great account, and are accomplishing our small part towards the consummation of "That far-off divine event, to which the whole creation moves."

Dr. Hattie was then introduced by the President. He said:

Madam President, and Ladies, I have first of all to thank you for the honor you have done me in asking me to present the paper before you. I thank you for overlooking the fact that I was unable to be present yesterday and allow me to come before you this morning. I assure you that I appreciate these courtesies, and I am sorry that I am not able to give you something more in the way of a paper. I am sorry that I must immediately leave you.

THE NOVA SCOTIA TUBERCULOSIS PROGRAMME.

By Dr. W. H. Hattie, Provincial Officer of Health.

I have been asked to contribute a paper outlining the proposed Nova Scotia plan for district tuberculosis nurses. Frankly, no specific plan has yet been prepared. The legislation of 1913 empowers the Provincial Government to appoint such competent nurse or nurses in each county in the province as may be necessary. The nurses shall make their headquarters at the several county clinics, and their duties shall be to visit all parts of the county to which they are respectively appointed, for the purpose of ascertaining and reporting cases of tuberculosis; to co-operate with the local physicians as to the best

means of dealing with such cases; to visit homes where persons are afflicted with tuberculosis diseases; to assist in nursing needy cases; to give instructions; to keep a record of all reported cases, and perform such other duties as may be assigned to such nurses by regulations to be prescribed by the Provincial Health Officer.

This states, almost in the exact words of the Act, what is expected in a general way of the tuberculosis nurses. It is, of course, assumed that those who are to be engaged to take up this work will have had special training in district tuberculosis nursing, and the purpose is to bring into the service nurses who have been trained in different schools, so that we may have the benefit of experience gained in various localities. It is probable that their work will be carried on under a superintendent of tuberculosis nurses, who, of course, will be one who has demonstrated her capacity for organization and administration.

In each county of the province a tuberculosis clinic is to be established. In some of the counties it may be necessary to provide more than one such clinic, and consequently more than one nurse. In any case, the territory assigned to each nurse will be be an extended one, and she will undoubtedly have to do considerable traveling. It is anticipated that the physicians whom she is to assist will, as far as practicable, co-operate in arranging for her transportation.

The probabilities are that the various county clinics will be open on but two or three days out of each week, and then for not more than an hour or two each day. The nurse will, of course, be required to so plan her work that she will be on hand when the clinic is open to render necessary assistance to the physician in attendance. At other times she will be available to go to such homes in any part of the county as may need her services. It cannot, of course, be expected that she will be able, under such circumstances, to do much actual nursing, but she will be expected to teach those in the homes how the sick person should be nursed, and especially how they may protect themselves and others from infection. While the distances she will be obliged to cover will preclude frequent visitations to these homes, she will be required to carry on follow-up work to the greatest possible extent.

There can be no doubt but that many cases of tuberculosis never come under the care of, and are never brought to the knowledge of, physicians. It is hoped that by tactful enquiries in the homes into which she is called to minister, the nurse will be able to learn of many of these neglected cases, and, by reporting them to the appropriate authority, have them brought under proper supervision. This is the evident intention of the words "for the purpose of ascertaining and reporting cases of tuberculosis," which have led some to suppose that the nurse will be expected to act as a sort of tuberculosis

spy and to make diagnosis, which, of course, would be clearly beyond her jurisdiction.

There has existed for a number of years the Provincial Sanatorium at Kentville. This is designed for the treatment of incipient cases of tuberculosis. In 1913, legislation was enacted which purposes the partition of the province into at least five districts, each of which is to be provided with a hospital for the treatment, particularly, of persons suffering from advanced tuberculosis. In each county of the province a tuberculosis clinic is to be established, at which, as before stated, the county tuberculosis nurse will make her headquarters. Each of these clinics will be attended, at stated times, by a physician, and at least once a month it will be visited by the Inspector of Health, who is to be skilled in the diagnosis of tuberculosis, and who will confer with the attending physician and others interested as to the disposition of patients, i.e., as to whether they will be cared for at their own homes, at one of the hospitals, or at he Kentville Sanatorium. The aim will be to so correlate the work of the nurses and the various institutions as to bring every case of tuberculosis in the province under the more or less complete supervision of the Department of Public Health.

It is unnecessary to say that the object in view is to so harmonize the work of the various agencies as to secure the most efficient possible control over the different conditions which favor the development and spread of tuberculosis. We are now so well assured that the home conditions are of especial importance in the propagation of this disease that it is felt that success in the anti-tuberculosis campaign will depend very largely upon the work done by the nurses whose opportunities for influencing the conduct of tubercular patients are, for reasons which are well known to you all, greater than those of any other class of persons. Great importance is, therefore, attached to the nursing branch of the service, and it is confidently expected that the organization of this special work will lead to such results in reducing the prevalence of tuberculosis as to amply justify the undertaking.

Miss Dyke: Madam President, in Toronto we had our special tuberculosis nurses, and we found that they were covering the entire city. They were going into homes that other nurses were visiting. I know that Dr. Hattie has not worked his plan out yet in Nova Scotia, and I am wondering when he does if he will not find the tuberculosis nurses are covering the same territory the visiting nurses are covering. I believe strongly in having one nurse for each home and then having one general supervisor. In Toronto we have one nurse for a district, that is, one nurse going into a home. But we have one supervisor of Tuberculosis Clinics who receives the report of the Tuberculosis Clinics

and from the nurses' daily reports compiles the special tuberculosis work. It seems too bad to even criticize a scheme like that, particularly when Dr. Hattie is not here.

President: I think there is throughout the world a feeling that there has been a great deal of overlapping. The poorer people especially have been afflicted by having too many people coming in and investigating and telling what to do. That has been found probably every place where there have been visiting nurses.

Paper: "Nurses' Clubs," prepared by Miss Howard, of Swansea, read by Miss Browne:

NURSES' CLUBS.

By Evelyn I. V. Howard, R.N., New York.

The Nurses' Club, as an institution, is as yet in its infancy, but it has already made an assured place for itself in the nursing world. It had long been felt that the graduate nurse needed some definite, central headquarters for business, social and educational purposes, for her hours of duty are long, her leisure limited and uncertain, and she has rarely the good fortune of living in a home atmosphere. The object of the club was to provide such a headquarters where the various nursing associations might meet; where general discussions on common nursing problems and business might be held; where opportunities could be afforded of keeping in touch with the progress of nursing affairs; and where the nurses could gather for rest and recreation and entertain their friends under discreet chaperonage.

The private-duty nurse, sharing her room with one or two others, may find herself excluded from even that apology-for-a-home during her brief hours of recreation, while a room-mate, engaged on night duty, is taking her necessary sleep there. For her, the club house with its quiet library, attractive reception room or shady verandah, proves a delightful resort, where congenial companionship may often be found and where she can meet and entertain her friends. The institutional nurse, bound by the necessary rules and restrictions of hospital life, finds a refreshing sense of freedom in the atmosphere of her club rooms and an opportunity to see her friends outside hospital walls. So, too, the nurses engaged in the several departments of social service and public health nursing, after a busy or depressing day, may be glad to revive their drooping spirits in a more cheerful environment.

But we must not dwell on the social aspect of the club to the exclusion of its other advantages, not least among these being its educational opportunities. Nurses graduate and go out into the world with very vague notions of the big body to which they belong and of the great work in the world which that body is doing. In one or two of

our clubs the winter's programme includes lectures by prominent members of the profession on various nursing topics, and aims to awaken interest in broader issues than those that engross the individual nurse in her daily work. It should be the endeavor of every club to stimulate interest in the affairs of nursing among those who are inclined to drift away, through indifference or disinclination, and to draw new and older graduates together in united interest for the advancement of their profession.

But there is yet one other service which our club must render if it is to fulfil our ideal. If we are to recognize our duty towards our neighbor we will not fail to offer, through our clubs, a helping hand to the graduate of the out-of-town hospital who may come to the city alone and friendless, to seek employment. To such the club should be a welcoming friend, ready with advice and shelter until a permanent home be found, and the "Stranger within our gates" be not left an easy prey for the ever-ready commercial registry.

In regard to the organization of a club, there are, of course, difficulties to be met; but that they are not insurmountable has been proven by those already in existence. The initial expense has been met in various ways in different communities and though nearly all associations have been glad to accept monetary assistance, in order to organize, almost all have become self-supporting within a short time.

In New York City, the National Board of the Y.W.C.A., feeling that nursing was almost the only field of woman's endeavor to which they had never lent their assistance, offered their help in the establishment of a central club, which was very gratefully accepted. In another American city a number of society women interested in the nursing profession through their friendship with Mrs. Hampton-Robb, gave as a fitting memorial to Mrs. Robb whose great ambition it was to see very generously of their time and money to the establishing of a club such a club in existence. The Graduate Nurses' Association held a fair in the club house at the time of its opening, the proceeds of which went towards the fund for buying the building. Several other associations have also used this means of obtaining funds and enlisting the sympathy and interest of the general public.

A club has been recently opened and entirely financed by the nurses themselves, who subscribed for shares from $5 to $25 each. These shares are not expected to pay dividends, and it is noteworthy that most of the subscribers were among those that will benefit least by the club. In one or two instances the building has been given outright to the nurses by some friend desirous of showing the keen interest entertained for the profession. But, while the assistance and support of disinterested friends cannot fail to be gratifying to the nurses concerned, and have, in fact, been the means of establishing most of our clubs in the past, it would be humiliating indeed if a profession embracing so

large a body of women should continue to be willing that a large share of the burden fall on those not directly interested or benefited. It has been demonstrated by the alumnae of one or two training schools that it is quite possible for even a comparatively small body of nurses, enthused with the right spirit, to finance and govern a club entirely themselves, and, I might add, make it a financial success.

The question of maintenance is one to be individually settled, for what may be practicable in one community, may be impracticable or unpopular in another. In all clubs established thus far, the dues are moderate and by no means provide a sufficient income. The Toronto Graduate Nurses' Club adds to its receipts by taking in transient guests who must be introduced by members. Here they also serve tea for the members and their friends on request, and provide entertainment for evening parties. One or two clubs serve tea on stated days and maintain a dining room which serves good meals at moderate rates. Where the Central Registry is housed, there is, of course, a small rent demanded. Several clubs make their running expenses largely from the rental of rooms to nurses who, in some cases, are also provided with meals. Opinions differ as to the advisability of this. It has been argued that the club house becomes subservient to the needs of the resident nurses and, also, that living in groups inclines to make the nurse narrow and prone to talk shop. Others maintain that the resident nurse is a good advertisement as well as a source of income, for she helps to make the club better known and attracts to it at least her own circle. Certainly the club proves popular as a home and the waiting list is usually long. Where room accommodation is offered, it must rest with the nurses themselves to decide who shall most enjoy the privileges of the club—resident or non-resident members. As to talking shop, it is, perhaps, as much the result of temperament as environment, and is by no means confined to our profession. But it would seem quite possible, in the interests of the useful knowledge which we can all gain from the relation of each other's experiences, to tactfully discourage the detailment of the petty incidents of the day, though there are times, perhaps, when, like murder, they "will out."

The question of location is important and perhaps the most difficult of decision, as the club members are usually scattered over a large district. It is essential that the situation be in a good neighborhood and convenient to a good central car line.

The size of the club will depend on the size of the association to be accommodated and the available funds, as well as the number of nurses to be housed, if any. Most of our clubs, up to the present time, have found a moderately large house quite adequate to their needs and requiring little alteration. Few associations could afford to buy at the outset; probably none could build, but several clubs have been success-

fully launched in rented houses, looking forward to the day when they would have a building of their own.

Rules and regulations must, of course, be made to fit prevailing conditions, but if the nurses are imbued with the right club spirit, a few rules for general guidance should meet the requirements. Too many limitations and too strict surveillance will rob the club of one of its greatest attractions—the sense of liberty—and by reducing it to a place of business only, defeat one of its chief objects—that of uniting the interests of the nurses. On the other hand, the responsibility of the conduct of the club rests on the shoulders of its superintendent and it is only fair that she should carry the authority of her position. To her judgment should be left the settlement of any unusual situation that might arise, and to her should be deferred all questions, until such time as the board of directors should provide a rule to govern like situations.

The question of eligibility ought to be definitely settled at the outset. Where there is a Graduate Nurses' Association all club members should first be members of that association. In any case, only graduates of recognized training schools, in good standing, should be admitted to its privileges.

The usefulness of the club has been so adequately demonstrated in the communities where it has been established, that the wonder is so few cities can boast such an institution. If we could be content to start in a very small way, satisfied to grow to the needs of the community, many Associations now hesitating might be encouraged to take the necessary steps towards organization. I look forward to the day when, by means of affiliation, we can found a universal club that, by mutual assistance, will enable small communities to support a nurses' club without outside aid.

President: Is there any discussion on this paper?

Miss Crosby: Madam President, there is just one point I would like to correct. The Toronto Graduate Nurses' Club does not require that guests shall be always graduate nurses. A member may introduce anyone and have her entertained as a guest at the club. So long as the guest is introduced by a member of the club it does not matter whether the guest is a graduate nurse or not.

President: It might be interesting to know how many Nurses' Clubs we have in Canada.

Miss Crosby: So far as I know the Toronto Graduate Nurses' Club is the only one.

President: Ottawa has one.

Miss Crosby: That is a residence. Ours is not a residence, it is a club, pure and simple.

President: In other places how do they arrange for meetings and so on? In some places they have club rooms.

Miss Cotter: We have a nurses' residence and registry. It was formed by a joint stock company of nurses and other individuals taking shares. The Manitoba Graduate Nurses' Association holds its meetings there. Any nurse who is a graduate of good standing is welcome. We have room for between 60 and 70 people.

Miss Dyke: I think the Hamilton nurses could tell us they have a residence and club combined. I know guests are entertained there, because I was entertained there myself.

President: That is similar to Ottawa, they have their residence and club together.

Miss Elizabeth Grant was not present.

NURSES' REGISTRIES

By E. M. Pemberton, Halifax.

For many years, it has been customary in the larger cities for every Hospital Training School to maintain a register of graduates available for private duty, and in some of the London Training Schools it has been made an article of agreement, that each nurse, on the completion of her training, should remain an extra year, to earn for the hospital a just competency for the expense of her apprenticeship. She would then have option to continue on the private staff, with board, lodging, and a higher rate of salary assured to her, and in some cases, a small pension granted after a definite term of service.

But the very limited benefits of these Institution Registries has led to the establishment of independent Registries, conducted on co-operative principles, where the members take their own fees and contribute a percentage on each case toward Registry expenses and to the salary of the Registrar.

Such Registries are generally open to graduates of any recognized Training School, and are often non-residential. The expenses consist of an entrance fee, an annual or monthly subscription. The advantages—an introduction to the doctors, the accurate delivery of telephone messages and mail. Various regulations and stipulations are ordinarily recognized. In some Registries we find work guaranteed for the first six months only, the nurse is then expected to have made her connection, and a popular private nurse is rarely idle in any community.

Such well known Registries as the Canadian Nurses, of Montreal, and the Toronto Central have proved of educative force in raising and maintaining the standard of qualification and with the ever increasing demand for the services of the skilled private nurse, bogus registries conducted by non-professional persons, are now recognized as a serious menace to the welfare of the public.

It is perhaps unnecessary to make but very cursory references to the Residential Registries, conducted with much expense and considerable luxury, whose nurses have many privileges not elsewhere obtain-

able, since these will probably be ably dealt with in the discussion on Nurses' Clubs.

That the prosperity and popularity of any Registry is dependent not entirely on a satisfactory telephone service, and personal efficiency of the Registrar, but also on the business-like habits of the members, is a point we might well remember. And the fact that all Registry regulations invariably provide for fines to members, who forget to notify their change of address or telephone number, or report when they accept a call, is a reproach to our profession, if not a reflection on our training schools.

President: Is there any discussion on this paper on Registries? We should have some discussion from the private nurses who are present on this question. Has anyone anything to say, either about the paper or about the whole subject? If not, we have some business to finish. The first is "The Canadian Nurse" Committee.

Miss Wright: Madam President, as nearly as the committee can ascertain it would not be legal for societies not properly incorporated to float stock. I do not know whether that applies to private stock or not. I know that in Vancouver unincorporated societies, now incorporated, took shares in the club building, but whether that was legal or not I am not prepared to say. The committee recommend, therefore, for the consideration of your organization, that each affiliated society be asked to raise a fund toward the purchase of "The Canadian Nurse," or to become incorporated, which will enable them to buy stock.

President: This special report has been brought in, and I suppose the convener moves the adoption of it.

Seconded by Miss Randal.

President: The question came up in connection with "The Canadian Nurse" of the appointing of a committee to look after this whole question of taking over "The Canadian Nurse" and working out a plan and submitting it to the whole Association later on. How will that committee be appointed and what will be the size?

Miss Gunn: I thought the committee had been left to the executive to appoint and then the question of what their duties would be was to come up for discussion.

President: Then the executive will appoint the committee and act upon these recommendations. That is the way it stands now. Would anyone like to add something else or change it in any way?

Miss Gunn: Could the committee be given power, if those plans did not prove workable, to work out some other plans for taking over "The Canadian Nurse"?

President: They would have to work with this in view and if they did not adopt it say what. They need not stick to this but work with this in view.

Moved by Miss Dyke and seconded by Miss Cotter: That a special committee to deal with The Canadian Nurse question be appointed by the executive and that the recommendation be sent to them to work out workable plans for taking over "The Canadian Nurse," having in view the recommendations of the special committee.

Miss Phillips: I should like to know, is there any idea as to the amount of money that each society would have to contribute? Would it be a tax per capita or voluntary?

President: The recommendation is to leave them free in it.

Miss Wright: During our meeting yesterday the suggestion came to me that stock be floated at $100.00 for each association, asking each association to take out the stock as they could, which they would hold until the Canadian National was in a position to buy it back without interest. They could get no interest except what dividends might be paid in the meantime by "The Canadian Nurse." This plan would just be to help "The Canadian Nurse."

Miss Paul: To whom is the $3,000 to be paid, Madame President, and why should we pay $3,000.00?

President: In answer to the question about the cost to take over "The Canadian Nurse," the sum was put at $3,000.00 as the purchase price of "The Canadian Nurse." The question has been asked, to whom the $3,000.00 will be paid and why there is that purchase price.

Miss Crosby: The Editorial Board of "The Canadian Nurse" owns the journal, as you all understand, and the earning power of the journal last year was $3,720.00. The Editorial Board, of course, has to incur the expenses, the Publishing Company must be settled with, and we feel that we could not settle all our debts for a less sum. But I wonder if this Association understands that "The Canadian Nurse" Editorial Board is also a National body and has repeatedly asked this Association to make the journal its official organ, and there need never have been any question of price. It could have been made a National Journal without any question of price at all if this Association had co-operated with the management of the journal, and made it a National Journal.

Miss Gunn: I would like to ask just how we would go about that, making it a National Journal? Would that mean that we would use it as the official organ of all the nurses' affairs, or if the Journal would be under a board of managers from the Canadian National, or whether the same Editorial Board would own the journal and simply publish the nurses' affairs?

Miss Crosby: I do not understand.

President: That is, if the taking over by the Canadian National means that the Canadian National is responsible for the Journal they control it absolutely, or if the Editorial Board will work out its own plans, or if they work directly under the Canadian National. At the

present time the relationship is merely that the Canadian National contributes news and contributes items of information and so on, that it wishes all members to get, to "The Canadian Nurse." That is the way it is now. Could it be arranged that the Canadian National would be the supreme body over "The Canadian Nurse?"

Miss Crosby: The Editorial Board has always kept before it the idea that when there was a Canadian National Association, that Association should own and control the Journal. Of course, the Canadian National Association is not very old and we have not pushed the matter, but yet we have always kept that ideal in mind, and the Canadian National Association is the body that should control the Journal. That was always the object of the Editorial Board, and as a matter of fact, the Editorial Board are all members of this association, are they not?

President: Yes, but that does not give the corporate control.

Miss Crosby: We are perfectly willing to give over the corporate control, but we have to be given a certain amount to meet our liabilities.

Miss Wright: Madam President, I cannot see why it is going to cost us $3,000.00 one way, and nothing the other. If we take it over one way the Editorial Board still keep control, the Canadian National could not change that Board.

President: Not unless the Editorial Board wish it. You would not work as the Canadian National, you would work through the Editorial Board.

Miss Wright: Then it would not belong to the Canadian National.

Miss Gunn: I do not see where we would be further ahead than we are now.

President: In the replies we read yesterday to Miss Scott's letter, Miss Christie answered the question asked, but no reply was sent from the Editorial Board.

Miss Crosby: We felt that we were turned down. We had kept this before us all along, and our proposal was rejected.

Miss Cotter: It seems to me if the Canadian National wants to own that magazine they should buy it. I think if we bought and paid for the magazine it would be ours.

Miss Crosby: Our price is surely not out of the way, when I tell you that the magazine last year earned $3,700.

Miss Cotter: I did not know anything of the value until that quotation was made and I had no idea what it cost to publish "The Canadian Nurse," but I think that a fair price should be paid and then there will be no doubt in our minds about who owns it.

Miss Randal: I do not think anybody has ever offered a question about the price of the magazine. I think all we want is to get a little information, there was no criticism about how much they were asking.

President: I think Miss Crosby understands that we are not questioning the amount, merely to know what plant we get for that $3,000. You know when you buy a railway there are all kinds of things that go with it, and when we are buying a paper we want to know just what goes with it, whether there is a printing press, for example. Do you see? Is there any other discussion about this? Now, I have the concluding duty which is very pleasurable to perform, and that is to introduce to you the President-Elect, Miss Wright.

Miss Wright: Madam President, and ladies, I want to thank you all for giving me the honor of electing me to this post. I cannot tell you how much I appreciate the effort the nominating committee made in choosing the executive for me. Of course, they chose a number of names, and you have chosen the ones you wish to act. You all know that the President needs your help and wants you to work with her, and I hope that every individual member of the Association will feel that she personally is responsible for the success of our next meeting.

In this case, as you know, I come from British Columbia, my Vice-President is in Halifax, my Second Vice in Quebec, and the Secretary in Toronto, so my year is going to be very hard indeed. So I would ask every member of the Association to make a special effort this year to answer promptly any questions or any papers they get, so the executive will be able to do the best they can by the mails.

Next year we expect to have you all with us in Vancouver, and I am sure you will find we have a very beautiful city, perhaps we think it is just as beautiful as your city, although it is of a different character. We will be very glad to see you in our city when you come next year. Thank you all very much.

The following resolutions were then read by Miss Cotter:

Resolved, that the thanks of the Canadian National Association of Trained Nurses is due for the success of this Convention here, to the past officers, to the Nova Scotia Association, to Miss Kirke and the people of Halifax for our entertainment;

to the Programme Committee, as we cannot get over the fact that our programme has been especially interesting and extremely good;

to the Southam Press, Toronto, I believe we should return thanks. They were kind to us in the matter of dealing with the programmes.

We also would like to extend a resolution of sympathy to Mrs. Fournier, in her illness. We hope she will have a speedy recovery.

To Miss Davis, Dr. Hattie and Dr. Frankel, for their excellent papers; and

to the authorities for the use of this building.

Miss Cotter moved the adoption of the above, seconded by Miss Crosby. Standing vote.

Miss Crosby: Should we not include in that resolution the railway authorities?

Miss Phillips: At the conventions we had in Berlin and Niagara Falls, with the small number we had no reduction. It was only that Miss DesBrisay and I went to see Mr. Webster and told him it was absolutely impossible to guarantee the number, that he consented to make it a fare and one-third. If there were only four more certificates we could get the single fare.

Moved by Miss Crosby, and seconded by Miss Phillips, that we include the railway authorities in that resolution.

Miss Breeze: Madam President, I would like to say that yesterday the Treasurer reported $140 spent for the printing of the report, and there is a very small balance.

President: Miss Breeze, of Vancouver, said she noticed the balance in the Treasury was very small, and our Secretary tells us there are still some bills unpaid. Last year the printing of our annual report cost about $140. I believe it could be printed in "The Canadian Nurse" at a cost which would not be as great as that. We could make it a National number and have the whole report in one number of "The Canadian Nurse." Of course it is to be regretted that we cannot be in the position to have the reports printed. I would like to hear from anyone else what they think about it.

Miss MacKenzie: I think, in fact, there are a great many fees that have not been paid. For instance, no fees have been collected at this meeting, and there are quite a number that I believe are due, and then there are the dues that will come in next year before the annual meeting. That was arranged so as not to have the Treasury get too low.

Miss Gunn: What is the amount in the Treasury?

President: The balance here is $155, but somewhere I remember there was some letter saying there was only $17 in the Treasury. There must be a great many dues.

Miss Dyke: Does the balance of $17 belong to the Superintendents' Society?

Miss Gunn: I would like to tell you that in the Superintendents' Society we have $26.

Miss Crosby: Could not the dues for this coming year be collected right away after this annual meeting?

Miss MacKenzie: There are some of those I believe that have not been paid, and this year's dues are usually collected after this meeting, that is, the dues for the succeeding year. Mrs. Fournier was prevented so suddenly from coming that she has not sent her receipt book.

Miss Crosby: As soon as our Associations are notified they will pay at once.

Miss Kirke: The Nova Scotia Graduate Nurses' Association asked for affiliation, and we were granted affiliation last year. We have never received a bill and we have not paid our affiliation fees.

President: Several have not been paid. It is really too bad the

Association finds itself in this condition. In regard to the printing of the report, why that is your privilege, but you see from the report of your Treasury you have not the money to pay it.

Miss Phillips: Would it not be better to economize?

President: I am afraid I am inclined to be economical.

Miss Gunn: I would like to ask Miss Crosby if she could give us some idea of the expense in printing the report in "The Canadian Nurse."

Miss Crosby: I could not exactly say, Madam President, because I do not know just how much space the report would occupy. Last year the number that we got out for the Graduate Nurses' Association of Ontario only cost the Association $40. The full report was in it, but we did not guarantee that every member of the Association would get a copy, only our subscribers got a copy.

Miss Randal: It seems to me before we make any further expenditure that it would be wise to have the Treasurer's report in from the delinquent members to see where we stand? We do not know who has paid and who has not paid.

Miss Dyke: How can we decide anything on the subject when we don't know what it would cost to publish it in "The Canadian Nurse," what it would cost to publish it separately or what the assets of the Association are?

Miss Crosby: I feel sure that if the matter were left entirely to the management they would do it for us as reasonable as possible, and I do not think it would come up to $100.

President: Will someone move that the executive be given power to act in this matter when they know what the Treasury can stand and if the Treasury can stand that expense they would prefer the report to be printed, and if the difference is worth while it will be printed in "The Canadian Nurse."

Miss Dyke: What are the advantages of having the report printed?

President: I think "The Canadian Nurse" is better, because it goes out to people who do not take any interest, and perhaps may stir up their interest. At the same time we have on record these annual reports and by printing in "The Canadian Nurse" we break the file.

Moved by Miss Randal, that, if the additional expense is not too great it would be better to have the files preserved separately, but if we find it prohibitive, report to be printed in "The Canadian Nurse."

The meeting then adjourned.

Editorial

THE CONVENTION NUMBER.

This report of the fourth annual meeting of the Canadian National Association of Trained Nurses will be read with interest by all who had the privilege of taking part in that interesting convention. The report should be read with even greater interest and attention by those who could not attend, for do not all our nurses wish to keep in close touch with the National, so that each may do her part in the upbuilding of the whole?

The association, though so very young, showed marked signs of a strength and vigor that will enable it not only to maintain the standard set, but to press determinedly forward to higher ideals and greater accomplishments. Even since the convention, the association has taken some great strides, making its influence felt where before its existence was not realized.

We trust this report will call forth some letters and criticisms that will be helpful to all and conducive to the growth of the association. We will be glad to hear from any who have helpful criticisms or suggestions to offer.

The report of the Canadian Society of Superintendents of Training Schools for Nurses will appear in our next number.

THE FLORENCE NIGHTINGALE MEMORIAL.

In our last issue we drew attention to the fact that the Canadian National Association of Trained Nurses was arranging plans for raising its contribution to the fund for establishing the International Memorial to Florence Nightingale, decided upon by the International Congress at Cologne in 1912. Our president, Miss Wright, sends this appeal to the nurses of Canada: "As the International Council of Nurses has planned, as part of its programme of the meeting at San Francisco in 1915, the presentation of the funds for the International Memorial to Florence Nightingale, which is to take the form of a chair of nursing in one of the universities of her own country, the nurses of the world have been asked to help in making this a real memorial that

will be a lasting tribute to the woman to whom we all owe such a deep debt of gratitude. This should appeal to each individual nurse and not be left to the different nursing organizations. The plan I have in mind was suggested by one of our American nurses at a meeting in May, and is one that can easily be carried out by the nurses. It is this: That each individual nurse give one cent a day for one year to this fund.

If each nurse will feel her own personal responsibility in this matter, the nurses of Canada will be able to feel proud of the amount we can take to San Francisco to present to the fund.

We also want the pupil nurses to have an opportunity of contributing to this fund, and we appeal to the superintendents of nurses to suggest ways of doing this to their pupils, so that they may share in this very worthy work.

Don't forget this appeal—one cent a day for a year from each nurse in Canada for the Florence Nightingale Memorial Fund.

SOME CRITICISMS.

Some helpful criticisms have already been received. One speaks of the inspiration gained "by contact with congregation of nurses of superior education and world-wide experience."

We quote others: "The programme was almost too good—so many interesting questions and the time too short for discussion." "We should like to hear more of nurses' registers and clubs in Canada." "Army nursing should have had more consideration and opportunity for discussion." "The social service will be of very material assistance to our nurses, and the thoughtful woman must necessarily observe, beyond the possible gains from her profession, how much may she add by her own influence and personality." All these criticisms give food for thought. Will still others not give the profession the benefit of their comments and suggestions?

The Guild of Saint Barnabas

The Montreal Branch held its first meeting of the season on Tuesday evening, September 8th. It had been expected that the late superior, Miss Stikeman, would have been at the meeting, but to the great disappointment of all present, Miss Stikeman left town Tuesday morning, owing to her steamer sailing earlier than was anticipated. Pleasure was expressed at the return, after a long absence, of Miss Shaw, who has undertaken the office of local superior.

The office was said and the chaplain gave the address. After reference to all that Miss Stikeman has done for the Guild since its introduction into Canada and to her interest in it, he spoke of his hopes for its future and of plans which he had outlined on former occasions. The chaplain then went on to speak of the war, which now fills the thoughts of all, and spoke of it as being God's message to the whole world, to the community, and to the individual—a message which they must hear—to bring all nearer to Himself, making them recognize their dependence on Him, and calling them to self-discipline and to sacrifice. Applying the message to ourselves and our own lives, the duty of self-discipline in the matter of the right observance of Sunday, the public worship of Almighty God as a profession of faith in Him, and attention to private prayers, was touched on, and the speaker urged his hearers to do their part at the present time by endeavoring to live closer to God, to do their own work in the very best way that they could, and to pray as often and as earnestly as they could for those who have gone forth to bear the brunt of the strife, for those in authority who are directing operations, for all who are called on to bear suffering, sorrow, poverty, trouble of every kind, on account of the war, and also to ask that the conflict may end in a lasting peace, and that its final result may be to His glory.

Miss Cutforth was then admitted to membership, and received her medal, after which the party adjourned to the Guild room, where tea was served.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

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Registrar—Mrs. Burch, 175 Mansfield St.

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HUMILITY.

"True humility makes us habitually silent about ourselves, our work, our doings, or endeavors. Even in self-blame pride often lurks, feeding upon any form of attention to itself. Equally silent we shall be in disparagement of others. Quickness to detect fault in another is evidence, not of genius, but of ignorance of self. 'Let each esteem others better than himself,' and take a pleasure in hearing of their praises and their success.

"True humility begets an interest in and fondness for simple, ordinary persons, the uncultivated, and the poor. It loves lowly places and lowly occupations, counting it happier to minister than to be ministered unto. 'When thou art bidden,' said the Master, 'go and sit down in the lowest room.' And He practised what He taught by making the poor His associates and washing His disciples' feet."

—*Lest we grow hard.*

We are pleased to learn that Miss Moffatt has recovered from her serious illness.

Miss DesBrisay has returned from a visit to British Columbia.

The world is in the throes of war, and to all of us new duties come or the old duties modified, intensified. We cannot all go to the front, but many are the opportunities for service—for fresh service, more thorough and more willing service. For many months there will be anxious ones who have been left at home, there will be many whose outlook is dark because grim unemployment is lurking by their hearths, and in the wake of poverty sickness almost always follows.

It is in conditions like this that the district nurse is of most use. She is the nurse, the comforter, the one who can tell at once how each one may be helped; she can put her finger on the sore spot, and healing will follow. And now, as never before, she must be up and doing—she must find out the sick, the needy and the sorrowing, and help bring back to them health, plenty and peace. Wherever there is a Victorian Order Nurse, she should be of the greatest help in connection with the many plans of relief, for she is already trained in social service work and stands ready to co-operate as an expert with the various relief agencies. She should be able to take the initiative where needed, sometimes she must lead, sometimes follow, but, always, she must be helpful, and so must learn to sink all thought of self and self-glorification, keeping clearly before her the welfare of the people. We feel that our little army of V.O.N. workers will give a good account of themselves in these troubled times, which, however, are only a prelude to an everlasting peace.

HOSPITALS AND NURSES.

British Columbia

A general meeting of the Graduate Nurses' Association of British Columbia, was held on Friday, September 4th, in the lecture room of the Nurses' Home, Vancouver General Hospital. The president, Miss S. P. Wright, of New Westminster, was in the chair, and opened the meeting, introducing Major F. C. McTavish, M.D. Major McTavish spoke briefly of the war, as the subject uppermost in the minds of all, and particularly interesting to many present, as he was addressing nurses, a number of whom had volunteered for active military service. He gave a short outline of a course of lectures along military lines, which he has kindly consented to give the nurses. These lectures will be given every two weeks, and will deal especially with the work of the Army Medical Corps, field ambulance work, field hospitals, etc., and promise to be of great interest to all.

Miss Randal, superintendent of nurses, Vancouver General Hospital, who was the association's delegate to the annual meeting of the Canadian National Association of Trained Nurses, in Halifax in July, gave a most interesting and comprehensive account of the proceedings, which was much appreciated and enjoyed by all.

The president outlined the plans which the Canadian National Association has been following in preparing the lists of volunteer nurses, explaining that this work had been undertaken by the Canadian National under authority received from Lieut.-Col. Jones, Director-General of the Army Medical Corps, Ottawa. Miss Wright said that over three hundred nurses had volunteered in Canada, and that the first lists had been closed.

Miss Colvin, superintendent of nurses, Royal Columbian Hospital, New Westminster, and Miss McGillvary, assistant superintendent, were appointed to fill temporary vacancies on the executive.

At the close of the meeting the nurses were entertained by Miss Randal.

Among those attending from out of the city were: Miss Morrison, Miss Clarke, and Miss O'Keefe, from Victoria; Miss S. P. Wright, Miss Colvin, Miss McGillvary, and Miss Thornbur, of New Westminster; Miss Pringle, superintendent of nurses, Minor Hospital, Seattle.

Nova Scotia

The new General Hospital at Glace Bay, N.S., was opened on August 20th by Mayor Harrington in the presence of a large and representative audience. Addresses were given by Chairman Mayor McLean, of Dominion; Mayor Richardson, of Sydney; Mrs. McPherson, president of the Ladies' Aid Society; Mr. Norman McKenzie, Rev. Mr. Gardiner, Rev. Dr. Gillies, Rev. Mr. McLeod, Rev. J. A. McGlashan, and Mr. Laing. Music was furnished by the Salvation Army band.

Quebec

Miss Wylie and Miss Squire, graduates of the R.V.H., Montreal, who went to Paris in July to take up private nursing there, had to leave almost immediately on account of the war. They were fortunate enough to reach London after some unpleasant experiences. They have offered their services to the Red Cross Society, and if accepted will remain, probably until the end of the war.

Miss Bryce, head nurse R.V.H., Montreal, who went abroad expecting to spend the summer, has returned. She had just reached Paris when the war broke out.

Miss Edmunds, R.V.H., Montreal, who is now in England, has joined the Onslow Trained Nurses' Company, and is to do private work until needed to help the Red Cross detachment at Chelsea.

Miss Olive Ross, of Edmonton, class '09, R.V.H., Montreal, has gone to take charge of a hospital at Grande Prairie, Peace River District.

Miss Guernsey, class '07, R.V.H., Montreal, who has had charge of a hospital in the Southern States for some time, has accepted a position in the Royal Alexandra Hospital, Edmonton.

Miss Clare McLeod, class '13, R.V.H., Montreal, is now night superintendent at the Maternity Hospital.

Ontario

Berlin—The Graduate Nurses' Association of Berlin and Waterloo will resume its regular monthly meetings in September, after the usual adjournment during the summer months.

The programme as arranged for last year's study was closely followed at all the meetings, and the interest manifested by all the members surpassed expectations.

The appeal made by the Canadian National Association for nurses to volunteer for active service in the war, has met with a splendid response from nurses from all parts of our Dominion. Four of our nurses have enlisted—the Misses Potter, Bowman, Reid, and Musselman.

The amount donated by private subscription to the Canadian Hospital Ship Fund by our association members was $55.

Miss Olive Troxel, graduate of the Mack Training School, St. Catharines, and one of our active members, has offered her services to the Foreign Missionary Society, and will leave for Turkey in the late autumn.

The monthly meeting of the Graduate Nurses' Association of Thunder Bay district was held September 3rd at the McKellar Nurses' Home. Mrs. Cook, president, presided. There was a small attendance of members, as several are on their summer vacations.

The Public Health Convention, which was to have been held in the Twin Cities in September, was cancelled owing to the unsettled conditions on account of the war. The graduate nurses had looked forward to this interesting convention, and are sorry it had to be cancelled.

The Better Babies' Contest held in the Twin Cities in August was very interesting, and should prove helpful to the mothers who brought their children for examination. Out of 300 babies, one at 12 months proved a 100 per cent. baby. Several of the graduate nurses assisted the doctors and the ladies who had charge of this undertaking. Nurses in training from the local hospitals also rendered assistance.

Miss Spearing, who has been doing city nursing in Fort William, has gone to Toronto to take a post-graduate in school nursing before taking the position of school nurse in Fort William.

At the American Hospital Association meeting, held in St. Paul in August, Miss Johnson, superintendent of McKellar Hospital, Fort William, and Miss Patterson, superintendent of R. M. and G. Hospital, Port Arthur, were among the Canadians present.

Miss Elizabeth R. Green, superintendent of Hospital for Incurables, Toronto, and Miss Potts, superintendent of Hospital for Sick Children, Toronto, passed through the Twin Cities on their way to and from the American Hospital Association's convention.

Miss McDonald spent the summer months at the Whalen Cottage, Loon Lake, near Port Arthur.

Miss Ella Drysdale, graduate of the Toronto Western Hospital, has accompanied her patient, Judge Teetzel, to Vancouver, where they expect to remain until November, when they will proceed south to Los Angeles, Cal.

Graduation exercises of the Nicholls' Hospital, Peterborough, took place in the Conservatory of Music Hall, Monday, June 22nd, 1914, at 8 p.m.

Owing to the illness of the chairman of the board, the chair was taken by Mr. Madill. A most excellent address was given by Rev. R. G. Peever, B.D., followed by the taking of the Florence Nightingale pledge and conferring of diplomas and medals.

Dr. A. Moir gave an excellent address to the graduates and presented the bandaging prize to Miss F. M. Smith.

Refreshments were served at the close.

The graduating nurses are: Misses Frances M. Smith, Agnes P. Davis, Vera Del Burgess, Margaret R. Scott, and Margaret Brotherson. Miss F. M. Smith, valedictory.

Collingwood—Miss Morton and Miss Carr have returned from their two weeks' trip to Chicago.

Five of our nurses have enlisted as army nurses—Misses Mary McCulloch, Jessie Shaw, Ruby Akitt, Frances Collins, and Ella Grusbach.

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Our association has been visited by the death of one of its members Mrs. (Dr.) Parker, Pendleton, Oregon (Florence Simons, class '08).

Miss Thora Peterson Heilskov, Washington, D.C., a graduate of Dr. Clod-Hanson's Orthopaedic Institute, Copenhagen, Denmark, also a post-graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-11 Green street, Philadelphia, Pa., has been engaged to take charge of the Hydriatic Department at the Piedmont Sanatorium, Atlanta, Ga.

Ottawa: Miss Russell, our correspondent to The Canadian Nurse, is ill in the Protestant Hospital, but we sincerely hope she will soon be able to resume her duties.

Just at present "War" is the all-important topic, and the burning question is whether or not nurses will be sent from Canada, and how soon!

The nurses of Ottawa are fortunate in having Nursing Sister Macdonald with them at present. She has charge of the organization of the Army Nursing Service of Canada, and all applications must eventually come to her at the headquarters in Ottawa. Miss Macdonald has had a wide experience in Army Nursing, having served through the Boer War, taken a special course in the British Military Hospitals at Millbank, Aldershot, Woolwich, Netley, and the War Office, London; also spending some time in Panama in the U.S.A. Health Department.

A meeting of the executive of the Ottawa Graduate Nurses' Association was held at the Club House, August 26th, for the purpose of co-operating with the Women's Committee of the Red Cross Society of Ottawa. Sister Macdonald was present and gave some valuable suggestions, in the course of which she told how much the soldiers on the field and in the hospital appreciated the comforts sent them by the Society. The nurses have offered to take charge of the Red Cross rooms, that is, one or two members will be on duty throughout the day. This offer was promptly accepted by the Society. The nurses are most enthusiastic over the work and immediately formed a committee of representatives from the different hospitals and associations of the city:

St. Luke's—Miss Maxwell, Mrs. Lorne Gardner;
Lady Stanley Institute—Miss Catton, Miss Snow;
Lady Grey—Miss Argue;
Victorian Order of Nurses—Miss Hall;
Ottawa General—Sister Josepha, Miss Brankin;
Isolation—Miss O'Connor;
Maternity—Miss McColl.

Mrs. J. MacKenzie Skead will be responsible for the outside graduates and those who are not members of the association but anxious to help with the good work.

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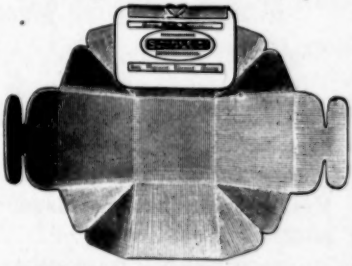

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Free Samples Sent on Request to Sanatoriums and Hospitals

Winnipeg General Hospital: Miss Annie Hamilton, class '12, has accepted a position on the staff of the hospital at Revelstoke, B.C.

Miss Jesse Ghent, '09, of Regina Hospital, spent part of her vacation in Winnipeg.

Miss J. Rose Hamilton, '07, spent the summer months at the Pacific Coast.

Miss Hilda Corelli, '09, has resigned her position on the staff of the Winnipeg General Hospital.

Miss Annie M. Forrest, '07, has, we regret to say, resigned her position as staff nurse in the operating room W.G.H., a position she has so capably filled for the past four years. Miss Forrest accepted the position of Superintendent of Nurses at Ninette Sanitarium.

Miss E. M. Turner, '08, Superintendent of Nurses, Regina Hospital, was a visitor to the city in August.

Miss Louckes, Superintendent of Kamloops Hospital, spent her vacation in Ontario.

MARRIAGES.

In Toronto, on August 12, 1914, Miss Ida M. Newdick, graduate of General Hospital, Greenwich, Conn., to Mr. Harry C. Sewell. Mr. and Mrs. Sewell will reside at 1381 King street west, Toronto.

In Toronto, on August 25, 1914, Miss Mildred Wilson, graduate of Toronto Western Hospital, to Mr. Roy McAdam, of Montreal.

At Toronto, on August 19, 1914, Miss Jean MacNicoll Campbell, graduate of Kingston General Hospital, class '08, to Mr. Norman Malloch, of Arnprior.

At Vancouver, B.C., on August 11th, Miss Eva Stretton, class '09, R.V.H., Montreal, to George William Sinclair, M.D., of Winnipeg.

At Oxford, N.S., on September 2nd, Miss Viva Thompson, class '13, R.V.H., Montreal, to Edwin Mason, of Ottawa.

Miss Laura Stevens, graduate of the Chatham City Hospital, to Mr. Gastle, of Galt, Ont.

BIRTHS.

At Toronto, on June 11, 1914, to Mr. and Mrs. Trollope, a son. Mrs. Trollope (nee Woodland) is a graduate of Toronto Western Hospital.

At Strathroy, Ont., on August 18th, to Mr. and Mrs. Montague Complin, of Bawlf, Alberta, a daughter, Mrs. Complin (Miss DeCou) is a graduate of the R.V.H., Montreal.

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